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TB CARE I

TB CARE I - Indonesia

**Year 3
Annual Report Quarter 4 Annex
July-September 2013**

November 20, 2013

Abbreviations

ACDA	Advance Course of DOTS Acceleration
ACSM	Advocacy, Community and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
APA	Annual Plan of Activity
ART	Anti Retroviral Therapy
ATM	AIDS, Tuberculosis, Malaria
ATS	American Thoracic Society
BBLK	
	Balai Besar Laboratorium Kesehatan (Grand Office of Health Laboratory)
BLK	Balai Laboratorium Kesehatan (Office of Health Laboratory)
BPOM	Badan Pengawas Obat dan Makanan (Food and Drug Administration)
BPPM	
	Bina Pelayanan Penunjang Medik (Medical Laboratory Support Services)
BPPSDM	See BPSDM
BPSDM	Badan Pengembangan Sumber Daya Manusia (Human Resource Development Unit)
BSC	Biological Safety Cabinet
BUK	Bina Upaya Kesehatan (Directorate of Medical Services)
C/DST	Culture/Drug Sensitivity Test
CCM	Country Coordinating Mechanism
CDR	Case Detection Rate
CPT	Cotrimoxazole Prevention Therapy
DHO	District Health Office
Ditjenpas	
	Direktorat Jenderal Pemasyarakatan (Directorate of Correctional Services)
DIY	Daerah Istimewa Yogyakarta (Yogyakarta Special Region)
DKI	Daerah Khusus Ibukota (Capital Region)
DOTS	Direct Observed Treatment - Short Course
DRS	Drug Resistance Surveillance
EQA	External Quality Assurance
EQAS	EQA System
e-TBM	e-TB Manager
EXPAND-TB	Expanding Access to New Diagnostics for TB
FHI360	Family Health International 360
FLD	First Line Drug
FM	Faculty of Medicine
GDF	Global Drug Facility
GF	Global Fund
HCW	Health Care Worker
HDL	Hospital DOTS Linkage
HIV	Human Immunodeficiency Virus
HQ	Head Quarters
HRD	Human Resource Department
IAI	Ikatan Apoteker Indonesia (Indonesian Pharmacists Association)
IC	Infection Control
IDAI	Ikatan Dokter Anak Indonesia (Indonesian Pediatricians Association)
IEC	Information, Education, and Communication
IMA	Indonesian Medical Association
IPT	Isoniazide Prevention Therapy
IUATLD	International Union Against Tuberculosis and Lung Disease
JATA	Japan Anti Tuberculosis Association
Kanwil Kumham	Law and Human Right Health Office
KARS	Komite Akreditasi Rumah Sakit (National Committee of Hospital Accreditation)
LQAS	Lot Quality Assurance Sampling System
M&E	Monitoring and evaluation
MDR	Multi Drug Resistant

MIFA	Management Information for Action
MO	Medical Officer
MoH	Ministry of Health
MoLHR	Ministry of Law and Human Rights
MoT	Modification Tracker
MoU	Memorandum of Understanding
MSH	Management of Science for Health
MTB	Mycobacterium tuberculosis
MTB/RIF	Mycobacterium tuberculosis/Rifampicin resistant
NAD	Nangroe Aceh Darussalam
NAP	National AIDS Program
NGO	Non-governmental Organization
NPO	National Program Officer
NRL	National Reference Laboratory
NTP	National Tuberculosis Program
OJT	On the Job Training
OR	Operational Research
PAPDI	Persatuan Ahli Penyakit Dalam Indonesia (Indonesian Internists Association)
PC	Personal Computer
PCA	Patient Centered Approach
PHO	Provincial Health Office
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PMDT	Programmatic Management of Drug Resistant Tuberculosis
PMU	Project Management Office
PPM	Public Private Mix
PPTI	Perkumpulan Pemberantasan Tuberkulosis Indonesia (Indonesian Tuberculosis Elimination Association)
PtD	People to Deliver
Pusdatin	Pusat Data dan Informasi (Center of Data and Information Ministry of Health)
Puskesmas	Pusat Kesehatan Masyarakat (Public Health Center)
QA	Quality Assurance
QUOTE TB	Quality of Care as seen through the Eyes of the Patient
RAN	Rencana Aksi Nasional (National Action Plan)
RR	Recording and Reporting
RS	Rumah Sakit (Hospital)
SEARO	South East Asia Regional Office
SIKDA	Sistem Informasi Kesehatan Daerah (Regional Health Information System)
SITT	Sistem Informasi Tuberkulosis Terpadu (Integrated Tuberculosis
SLD	Second Line Drug
SOP	Standard Operating Procedure
SRL	Supranational Reference Laboratory
SSF	Single Stream Funding
TA	Technical Assistance
TB	Tuberculosis
TOR	Term of Reference
TORG	Tuberculosis Operational Research Group
ToT	Training of Trainer
TWG	Technical Working Group
UGM	Universitas Gadjah Mada
UI	University of Indonesia
USAID	U.S. Agency for International Development
WHO	World Health Organization

Quarterly Overview

Reporting Country	Indonesia	Technical Areas	% Completion
Lead Partner	KNCV	1. Universal and Early Access	98%
Collaborating Partners	ATS, FHI360, JATA, MSH, The Union, WHO	2. Laboratories	99%
Date Report Sent	30 July 2013	3. Infection Control	100%
From	Jan Voskens	4. PMDT	95%
To	USAID/Jakarta	5. TB/HIV	99%
Reporting Period	July-September 2013	6. Health Systems Strengthening	98%
		7. M&E, OR and Surveillance	100%
		8. Drug supply and management	98%
		Overall work plan completion	98%

Quarterly Activity Plan Report

1. Universal and Early Access		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
1.1.1	Development of the branding system	KNCV	10.637	Cancelled	Sep	2013	The activity is cancelled (MoT on May 2013)
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2.1	Planning meetings for PPM team in district level to strengthen the coordination among stakeholders.	KNCV	8.808	100%	Sep	2013	Each established PPM team will develop plans of action for improving PPM initiatives at district level. During this quarter, all PPM teams that were established within this quarter (see 1.2.2), have developed their plan of action.
1.2.2	Establishing PPM team in selected district level to conduct local PPM assessments	KNCV	11.701	100%	Sep	2013	Three PPM teams were established in DKI Jakarta during this quarter. Up to end of Q4, a total of 19 PPM teams have been established. During the establishment process, comprehensive PPM situational assessments were conducted in each district to map providers, gaps and available resources.
1.2.3	Development of TB Medical Standard (SPK)	KNCV	27.527	100%	Sep	2013	The Clinical Standards for TB (SPK) have been finalized and are now in process of being printed
1.2.4	Technical coordination meeting	KNCV	8.450	100%	Sep	2013	Technical coordination meeting for PPM TO has been conducted. The aim of the meeting is to evaluate TB CARE I PPM strategies and approaches at field level. Amongst other outputs, a mechanism was developed to obtain data on success referral rate in hospitals and draft SOP for integrated supervision.
1.2.5	Technical assistance for PPM implementation	KNCV	114.415	100%	Sep	2013	Support is being delivered by PPM S/TO at provincial and national level. In this quarter, technical assistance was provided to 123 hospitals in 92 districts (in 10 TB CARE I provinces). The assistance focuses on assessment of internal and external linkages and on the job training for local hospital staff.
1.2.6	Develop monitoring system for health care facilities and accredited hospitals	KNCV	1.500	100%	Feb	2013	A checklist instrument, developed for hospital accreditation regarding TB services, has been endorsed by the National Committee for Hospital Accreditation (KARS). The instrument was piloted in 7 hospitals in DKI Jakarta and West Java. These activities was funded by GF while TB CARE I provided technical assistance.
1.2.7	Supervision and backstopping from PPM STO in RO to PPM TO in provinces	KNCV	14.919	100%	Sep	2013	PPM STO conducted 5 supervision and backstopping visit to 5 provinces during this quarter. Backstopping visits mainly focused on capacity building, assisting health service's staff and TO PPM at provincial level in the process of planning and establishment of PPM teams at district level.
1.2.8	Review hospitals' DOTS performance	KNCV	6.042	100%	Sep	2013	DOTS performance reviews were conducted in 32 hospitals in 6 TB CARE I supported provinces during this quarter. This activity aimed to maintain and improve implementation of DOTS in the hospitals through establishment of a regular review mechanism.
1.2.9	Develop quick reference material for clinicians (diagnostic & treatment SOP and job aids) in line with national TB guideline and ISTC	WHO	5.198	100%	Mar	2013	Technical assistance has been provided to NTP and BUK for the development and finalisation of PNPK (National Guideline on Clinical Service Standards for Tuberculosis). This PNPK document is now complete and ready for dissemination. TA was also provided for review of the National TB Guidelines, the status is not complete yet due to the necessity to integrate the new WHO new case definitions and report frameworks. After finalisation of both documents, TBCARE / WHO will assist NTP to draft a quick TB reference manual for clinicians.

1.2.10	Revision of DOTS managerial guidelines book in hospital and endorsement through a decree by Director General	KNCV	2.000	100%	Jun	2013	TB CARE I successfully facilitate the revision of DOTS managerial guideline at the end of Q4 APA 3. The revision was done with involvement of all related stakeholder and partners, i.e. NTP, Directorate of Medical Service MoH, hospital association, IMA.
1.2.11	Printing of DOTS managerial guidelines book	KNCV	8.776	100%	Sep	2013	Printing of revised DOTS managerial guideline will be done by MoH.
1.2.12	Advocacy visit on TB and TB/HIV for new prisons	FHI360	16.906	100%	Dec	2012	Advocacy activities were conducted in 5 new TB CARE supported prisons: Medan Detention center, Medan Female prison, Sukabumi prison, Sragen prison and Malang Female prison, in collaboration with the Directorate of Correction, NTP, Provincial offices of MoLHR and Prov/District Health office. Objective was to gain strong commitment from management and staff of these prisons to implement TB-HIV collaboration activities. Next steps included continuous assistance to these prisons/DCs to develop one year plans for TB-HIV activities, training/workshop for TB-HIV collaboration including PITC and surveillance through PHO/DHO
1.2.13	Workshop for new prisons health staffs: TB/HIV Collaboration, PITC, RR, TB microscopy and HIV lab	FHI360	28.801	100%	Dec	2012	The training workshop was conducted in Bandung from 18 – 22 Dec 2012 with 13 participants (F: 6, M:7) from 5 prisons. Topics included PITC, TB-HIV management and recording/reporting in collaboration with the Directorate of Corrective Services, NTP and NAP). The objectives of this workshop is to provide skills for TB-HIV management in above topics. After training, TB CARE I continued to provide on site mentoring to assist prisons in conducting and monitoring TB-HIV activities.
1.2.14	Regular meetings to advocate issues related with service delivery in national and provincial level	FHI360	3.855	100%	Sep	2013	Technical arrangements for TB in prisons were documented in July 2013, and signed by Directorate General of Correction institution (Ditjenpas) and FHI 360 Country Director. This legal document was proposed by Ditjenpas as a legal foundation for collaboration between Ditjenpas and TB CARE I.
1.2.15	TA for TB and TB-HIV in prisons:	FHI360	16.723	100%	Sep	2013	North Sumatera : together with MOLHR provincial office provided TA to : Medan Female Prison regarding SOP TB-HIV development and advocacy to have an isolation room for inmates with TB. One MDR TB suspect found, unfortunately died before GeneXpert examination done; visit to Class I Medan prisons to evaluate clinic condition post riots - MDR TB clinic that already renovated with TB CARE 1 funding is totally damaged, all TB-HIV data burnt out. They planned to move the MDR TB clinic to Medan DC (needed MOLHR approval); TA to Medan DC to discuss about MDR TB SOP development and MDR TB clinic movement from Medan Class I prison, 1 MDR TB suspect found, unfortunately died before GeneXpert examination. DKI Jakarta : TA given to 6 prisons/DCs (Pondok Bambu DC, Salemba DC, Cipinang DC, Salemba Prison, Cipinang Prison, Cipinang Narcotic Prison) to facilitate TB-HIV collaborative activities (annual mass screening), implementation in each prisons/DCs and to strengthen capacity on TB-HIV management and RR; Clinical mentoring for prisons/DCs & Pengayoman Hospital health staffs (17 participants), to strengthen their capacity in TB-HIV and PMDT clinical management. West Java : TA to Banceuy prison, Sukabumi prison, Female Bandung prison, Paledang prison, Cibinong prison and Cirebon prison to strengthen their capacity on TB-HIV
1.2.16	Supporting TB/HIV implementation in the prisons	FHI360	43.443	100%	Sep	2013	DKI Jakarta : pre-screening at Cipinang prison, TB-HIV education to all inmates continued with mass screening at Cipinang prison, cipinang narcotic prison, cipinang detention center. West Java : TB-HIV education to all inmates continued with mass screening at 6 prisons in West Java. Central Java : facilitating OJT for sputum fixation at Semarang prisons.

1.2.17	Supervision from Ditjenpas to low performance prisons/detention centers (5) to improve engagement and ownership	FHI360	12.482	100%	Sep	2013	TB CARE I supported MoLHR with supervision to prisons and detention centers for TB and HIV collaborative activities including TB infection Control. This was done in collaboration with Correction DG from MoLHR, NTP and NAP from MoH, Provincial Office of MoLHR together with Provincial and District Health Offices. Assistance was provided to 6 prisons and 2 detention centers in 4 provinces, i.e North Sumatera (Class I Medan Prison, Class IIA Women Medan Prison), West Java (Class IIA Bogor Prison, Class IIA Cibinong Prison), DKI Jakarta (Class I Central Jakarta Detention Center, Class IIA Pondok Bambu Detention Center) and East Java (Class IIA Women Malang Prison, Class I Malang Prison). Technical assistance on PMDT for prisons: Each supervision team provided feed back; regular supervision will continue for improvement of MDR-TB screening
1.2.18	Sub-agreement with Partisan (NGO)	FHI360	20.692	100%	Sep	2013	During this Q, Partisan conducted TB-HIV socialization for "tamping" (= volunteer inmates) in Class IIA Salemba prison (M : 20); TB-HIV Case management for inmates in 6 prisons/DCs for total of 72 inmates; Support Group discussion for inmates with TB and/or HIV for total of 340 inmates; pre/post release program for inmates with TB and/or HIV for total of 147 inmates.
1.2.19	Establishing integrated supervision team for PPM in district level	KNCV	5.696	100%	Sep	2013	16 integrated PPM supervision teams were established in 6 TB CARE I provinces. Each team consists of representatives from major stakeholders, i.e.medical services unit at DHO, wasor, professional associations (IDI/medical, PDPI/pulmonologist, PAPDI/internist, IAI/pharmacist, and Patelki/lab analyst).
1.2.20	Integrated supervision	KNCV	21.445	100%	Sep	2013	During this quarter, the 16 teams have conducted integrated supervision to 49 hospitals. The involvement of stakeholders, especially from professional association, increased the effectiveness of supervision. This is shown by the involvement of other unit at hospital to TB services. Supervision results were documented to obtain input and lessons learnt that will be used for further development of national guidelines and SOP.
1.2.21	Quarterly visit by National HDL supervisors to assist hospitals deliver quality services in 3 low performing provinces	WHO	7.499	100%	Sep	2013	Tecnical assistance has been provided to South Sumatra (4 district hospitals and 1 private hospital namely Sekayu, Banyu Asin, Kayu Agung, Prabumulih and M. Rabain) to the Provincial PPM team. TA was provided to the PHT in Banten in March 2013. 3 district Hospitals (Haji Dharma Lebak, Serang and South Tangerang) in Banten were supervised. Second visits were conducted in for Banten and South Sumatera.
1.2.22	TA to 5 low performance provinces and districts from WHO country office	WHO	23.391	100%	Sep	2013	TA has been provided for NTT, NTB, Riau Island and North Maluku. TA for Central Kalimantan has planned for Q4 period (24-26 July). Some provinces such as Riau Island, NTT and NTB show improvement in case detection, acievement is still far below NTP targets. However GF performance ratings for these low performance rating have improved, only NTB has still a B2 rating where other provinces achieve B1 targets.
1.2.23	Update pediatric TB guidelines	WHO	20.963	Cancelled	Sep	2013	With techniical support from various international experts the National Pediatric guidelines were reviewed and updated and finalised for dissemination, therefore there is no need for further external TA. However WHO country team will ensure that this guideline is as per latest WHO recommendation.
1.2.24	Workshop on management of pediatric TB	WHO	11.340	100%	Sep	2013	Technical support from WHO staff has been provided to update the current pediatric TB guideline. Two development workshops which involved IDAI respiratory working group were conducted in November 2012 and March 2013, funded by GF. The final workshop, planned with TB CARE funding support, were postponed by NTP. NTP still have unspent budget from GF to conduct a national workshop and dissemination workshops to 5 provinces

1.2.25	International travel of WHO CO staff	WHO	28.250	100%	Sep	2013	MO TB attended the global workshop on "Accelerating scale up of MDR TB treatment at TB CARE countries", held at Bethesda, Maryland in 4-5 March 2013. MO TB attended STAG/TB TEAM/RA Meeting held in Geneva, 10-14 June. MO TB also participated in PMDT regional meeting SEARO, conducted in Bangkok, 25-27 June 2013.
1.2.26	External linkage meeting in provincial level	KNCV	6.467	100%	Sep	2013	During this quarter, external linkage meetings were conducted in DKI Jakarta and South Sulawesi.
1.2.27	External linkage meeting at cluster basis in provincial	KNCV	14.041	100%	Sep	2013	In this quarter, 3 additional external linkage meetings at cluster basis in East Java and Central Java were conducted.
1.2.28	External linkage meeting in district level	KNCV	11.701	100%	Sep	2013	During this quarter, 10 external linkage meetings were conducted in 5 TB CARE I supported provinces (DKI Jakarta, West Java, Central Java, East Java and South Sulawesi). The meeting aimed to improve TB networking at district level among related stakeholders.
1.2.29	Develop SOP to engage private practitioners to treat and notify TB	ATS	13.084	100%	Mar	2013	Text of the SOP is completed. Translation underway; the SOP will be the basis for the PPM expansion in APA4 (adding more detailed SOP and checklist etc). Major changes have been made in the SOP to enable its utilization in expansion to serve as guideline for scale up under GF support
1.2.30	Train private practitioners and nurses who treat TB patients to implement ISTC (including TB notification)	ATS	21.624	100%	Jun	2013	Reprogrammed to fulfill NTP request that ATS provide technical assistance to Indonesian Medical Association to develop a certification scheme for private providers
1.2.31	Train nurses (working under private practitioners) on recording and reporting/ notification using PDPI module	ATS	29.430	100%	Jun	2013	Training of nurses held on 27 March 2013 with 40 participants (1 male, 39 females) consisting of nurses from private provider practices within hospitals. Another training of nurses was held on 25-26 June 2013 with 20 participants (3 males, 17 females) consisting of nurses working under cohort 4 pulmonologists. The training included refresher training for underperforming facilities. This training was based on the NTP training modules for HDL (condensed and customized for private hospital setting).
1.2.32	Revising checklist for private practitioners mapping and recruitment (to improve selection of private practitioners by IDI for ISTC implementation)	ATS	1.944	100%	Mar	2013	Checklist completed and included in SOP (see activity 1.2.29)
1.2.33	Workshop for private pulmonologists involved under PDPI for ISTC implementation	ATS	10.664	100%	Mar	2013	A 2-day training was conducted for 11 previously untrained pulmonologists (6 females, 5 males) and previously trained pulmonologists (3 females, 6 males) from private hospitals in DKI Jakarta and Tangerang.
1.2.34	Continue engaging private pulmonologists (PDPI) for implementation of ISTC	ATS	13.312	100%	Sep	2013	Patient enrollment of the latest recruited group of pulmonologists started in July. Activities include OJT of nurses and drafting of first nurses Bulletin.

1.2.35	M&E meeting for private practitioners involved under IDI for implementation of ISTC	ATS	21.892	100%	Sep	2013	Reprogrammed to fulfill NTP request that ATS provide technical assistance to Indonesian Medical Association to develop a certification scheme for private providers
1.2.36	M&E meeting with pulmonologists involved under PDPI for implementation of ISTC (central level)	ATS	29.836	100%	Mar	2013	The M&E meeting was held at in Jakarta on 6 February. There were 56 private providers representing 56 private practices (hospitals) in the project attending including 16 from hospital management. The meeting reviewed data from Oct 2010 - Dec 2011. A total of 2,438 patients were identified and 52% were notified to the NTP. The success rate was 59%. Of the smear positive patients, 20% defaulted. Topics discussed included the need to improve transfer patient tracing to ascertain treatment outcome and the need for more lab training in Tangerang and Bekasi including emphasis on monitoring smears and on sputum production in patients. Starting from 2010 through June 2013, some 4,118 (42%) were additionally notified out of a total of 7,986 TB cases reported to the NTP. Gradually patient cohorts show a decreasing default rate and improving treatment success rate.
1.2.37	M&E meeting with pulmonologists involved under PDPI for implementation of ISTC (district level)	ATS	54.160	0%	Sep	2013	Meetings for all districts were postponed to the third weeks of October and November 2013.
1.2.38	DOTS strategy socialization to communities in 10 selected districts in 6 provinces	KNCV	7.127	100%	Jun	2013	DOTS strategy socialization to communities organization was conducted in 5 provinces (West Sumatera, DIY, East Java, Central Java and Papua) in 10 districts. The aim of the socialization is to get involvement from community organization to support TB program. The result from this activity is an action plan of the involvement of member of community organization to TB program especially in case finding and adherence of the patients.
1.2.39	TA to advocate with existing local NGOs through provincial/ district health offices to expand community based DOTS	WHO	3.599	100%	Sep	2013	TAs have been provided in West, East Nusa Tenggara with local CSO (Aisiyah - November 2012 in West Nusa Tenggara and Aisiyah and Perdhaki - March 2013 in East Nusa Tenggara). TA also provided in Riau Island (May 2013) and North Maluku (June 2013) and July 2013 (Central Kalimantan) by building capacity of local TB team to engage local NGO, professional organization, hospital association and workplace to support TB control program.
1.2.40	TA to build capacity of district and health centers TB staff to conduct contact tracing	WHO	2.878	100%	Sep	2013	The implementation activities will be supported by GF, TB CARE I only provided TA. TA provided to NTP to develop the first draft of National guideline for TB contract tracing.
1.2.41	Development of guidance and SOP for integrated supervision	KNCV	5.999	100%	Jun	2013	Guidance for integrated supervision has been developed, and as request from NTP, in this stage, TB CARE I conducted a test in assisted districts that has already established PPM team. Evaluation of piloting will be conducted in APA 4 before further expansion as part of implementation of PPM team in district level.
				98%			

2. Laboratories		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
2.1.1	Update National guidelines for EQA for TB microscopy adopting LQAS	JATA	52.231	100%	Sept	2013	The draft of National Guideline for EQA TB microscopy adopting LQAS has been finalized and will be printed in APA4 awaiting approval from Minister of Health at the end of September 2013. Administration preparation for printing has already been done (quotes from printing company including design and prices).
2.1.2	Introduce National guidelines for EQA to 4 TB CARE supported provinces	JATA	58.527	100%	Sept	2013	EQA -LQAS workshops were conducted in North Sumatera and South Sulawesi with budget from Global fund (Global Fund budget need accelerated absorption). TB CARE I provided technical assistance in these workshops. Training for 12 Lab.Technicians from 6 Intermediate Laboratories has been conducted in Papua Province (September 2013). One EQA-LQAS workshop has been done in Papua province from September 2013 with 6 participants from Provincial Public Health Office, 3 persons from the Province Health Laboratories, 15 staff from District Health Offices and 12 technicians from Intermediate Laboratories. Implementation of EQA-LQAS will be implemented starting from Q1-APA4 (132 Health Facilities), and the workshop EQA-LQAS in West Papua will be conducted in Q1-APA4.
2.1.3	Obtain information on EQA activities from all provinces (updated from October 2012)	JATA	7.309	100%	Sept	2013	Based on discussion with the NTP, information is expected to be obtained through computerized system, though this activity is assigned to procure computers/items. By the end of September 2013, all goods and items planned (LCD proyektor 1, laptop PC 2, desktop PC 3, printer 2 unit) are available.
2.1.4	Assist East Java province to introduce LQAS EQA system to 38 districts	JATA	132.523	90%	Sept	2013	EQA-LQAS in East Java is being implemented: a field officer has already been contracted until the end of TB CARE Y4 based on East Java PHO requirement and approved by BPPM . Supervision on sampling preparation was conducted by Field Officer to 38 districts. Slide boxes are provided for 38 districts/municipals.Supervision from central to Province was completed and an Evaluation Meeting has been done on 19-20 September 2013 in Surabaya: 511 from 598 (85.5%) health facilities have sent slides for cross checking. Among these 511 health facilities, 120 health facilities have finished crosscheck and 70 out of 120 (58.3%) health facilities showed a good performance. These are the interim results by the end of APA3, it is expected that these numbers will increase and meet the target by 2015 (90% health facilities send slides for cross checking and 80% health facilities showing good performance).
2.1.5	Introduce computerized system on EQA to reduce workload	JATA	44.546	100%	Jul	2013	The activity is funded by GF. Budget is reprogrammed to implement EQA LQAS in Papua.
2.1.6	Evaluation of panel testing/EQAS of TB HIV, West Java and East Java	FHI360	11.187	80%	Sep	2013	East Java : Socialization of EQAS result to Head of DHO. Result shows improving quality of laboratory: TB - 23 participants (13 passed, 10 failed), HIV - 46 participants (97% in accordance with referral the regulation; 61% with 3 strategies). This evaluation will be followed by TA to the failed health provider by refreshing and updating issues and also provide them with the system and mechanism for monitoring, evaluating and assisting the laboratory aspect. West Java : EQAS phase II has just conducted, no result confirmed yet from provincial lab.

2.1.7	BLK Bandung to provide AFB microscopy panel to all Provincial laboratories	KNCV	5.531	100%	Jan	2013	All 20 sets (2000 slides) of AFB microscopy panel tests were prepared by BLK Bandung as National TB Reference Lab for microscopy and sent to the following Labs: RUS Bangka Belitung, RUS Kepri, RUS Gorontalo, RUS North Maluku, RUS West Papua, RUS West Sulawesi, BLK Kupang, BLK Jayapura, BLK Semarang, BBLK Surabaya, BLK Ambon, BP4 Ambon, Adam Malik Hospital, BLK Palangkaraya, BLK Palu, RS Pasar Rebo and 3 lab RUS 1 (first crosschecker) in Yogyakarta province. Results: As results, 17 labs (provincial referral lab) have passed the panel test and 3 remaining labs (intermediate labs) still waiting the results.
2.1.8	Support laboratory renovation	KNCV	485.396	100%	Sep	2013	Renovation of culture/ DST lab of BBLK Surabaya (phase 2) is well advancing and soon reaching its final stage. The completion of the work is expected in Q1-2 of APA 4.
2.1.9	Support critical equipment to Microbiology-UI	KNCV	31.911	100%	Jun	2013	Done. Provided Deep freezer and Epicenter for Microbiology UI
2.1.10	Operational cost for 1 times TB Lab Working Group meeting	KNCV	8.374	100%	Jun	2013	TB Lab Working group meeting was conducted from 28-31 May 2013 in Jakarta. Participants included NTP, BPPM, TB Lab working Group members. Result of the meeting included: 1. SOP for TB spesimen transfer (how to package and sent out the specimen) 2. SOP for receiving TB specimen. 3.Video scenario developed for TB specimen transfer. 4. Video scenario developed for receiving TB specimen. 5. Time line of video making for transfer and receiving TB specimen. 6. Specification of material for transfer and receiving TB specimen 7. Updating SOP for preparation of AFB panel test.
2.1.11	Support the National Prevalence Survey (NPS) in laboratory readiness	KNCV	276.270	100%	Sep	2013	All 26 items of Equipments and consumables for supporting TB National Prevalence Survey were procured and sent to respective laboratories.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.2.1	Technical Assistance to NTP, BPPM and Referral labs	KNCV	10.914	100%	Sep	2013	During this quarter, TB CARE I provide technical assistance to NTP, BPPM in following activities: - Supervision of TB microscopic network and EQA in Bangka belitung province on 22-24 July 2013. - Finalization of TB Lab Biosafety guideline on 30 July - 1 August 2013 - Assessment regarding preparation of TB Lab renovation under GF reprogramming to West Sumatra province on 26 August 2013. - LQAS workshop in Aceh province on 28-30 August 2013. - TB intermediate lab training in Papua province on 1-7 Sept 2013. - LQAS workshop in Papua province on 8-11 Sept 2013. - Evaluation of LQAS implementation in East Java province on 19-20 Sept 2013. - Analisis of microscopic EQA panel testing on 24 Sept 2013. - Assessment regarding preparation of TB Lab renovation under GF reprogramming to West Sumatra province on 26 August 2013.
2.2.2	Technical Officer for Laboratory for BPPM	KNCV	2.872	100%	Sep	2013	Recruitment process is done. Technical Officer for Laboratory for BPPM has started work in August 2013.

2.2.3	Maintenance, calibration, and repair of BSCs (Biological Safety Cabinet)	KNCV	31.380	100%	Mar	2013	<p>BSC maintenance and calibration was done in following labs:</p> <ol style="list-style-type: none"> 1. BBLK Surabaya: 3 BSCs 2. Microbiology UI: 2 BSCs 3. RS Persahabatan: 2 BSCs 4. BLK Bandung: 2 BSCs 5. Microbiology UGM: 2 BSCs 6. BLK Jayapura: 2 BSCs. <p>Result: 11 out of 13 BSCs passed and 2 failed (1 BSC at Persahabatan hospital and 1 BSC at Microbiology UGM). BSC at Persahabatan hospital failed due to both insufficient downflow and inflow. Engineer consultant recommended to replace HEPA. BSC at Microbiology UGM failed due to inflow not enough and need to increase exhaust airflow. The repairment will be done in APA 4. Replacement of HEPA Filter for 1 BSC at BBLK Surabaya was successfully done and this BSC passed for certification/calibration as well.</p>
2.2.4	Provide TA and EQA panel test for culture DST	KNCV	23.934	100%	Sep	2013	<p>EQA panel test for culture/DST for 9 Labs has been conducted in May by Supranational Reference Lab (SRL), IMVS Adelaide.</p> <p>Results:</p> <ul style="list-style-type: none"> - All following 5 laboratories passed the EQA activity for first line and Second line DST. <ol style="list-style-type: none"> 1. BBLK Surabaya 2. Microbiology UI 3. RS Persahabatan 4. BLK Bandung 5. NHCR Makassar - For the first time in history BBLK Surabaya and BLK Bandung achieved 100% for all drugs except STR (Streptomycin). - The following 4 labs received 20 EQA isolates for first line DST <ol style="list-style-type: none"> 1. RS Adam Malik Medan: passed the EQA for all first Line anti TB drugs. 2. BLK Semarang: passed the EQA for rifampicin and isoniazid. 3. Microbiology UGM Yogyakarta: Not passed. 4. BLK Jayapura: Not passed. <p>Although UGM and BLK Jayapura did not pass, technically very close to doing so.</p>
2.2.5	Begin training of C&DST NRL to prepare, conduct, and report on EQA panel tests for FL- and SL-DST	KNCV	4.911	100%	Sep	2013	<p>Training for BBLK Surabaya as NRL for culture/DST on how to prepare, conduct and report EQA panel test for DST has been conducted on 18-20 Sept 2013. 4 TB Lab technicians were trained (Male=1 ; Female=3)</p>

2.2.6	International TA by Richard Lumb, a lab consultant from Supranational TB Reference Lab, IMVS, Adelaide.	KNCV	123.916	100%	Sep	2013	<p>Richard Lumb and lab team provided TA on 9 Sept to 2 Oct 2013 to 5 labs: BLK Banjarmasin, BBLK Palembang, BBLK Surabaya, BLK Semarang, and NHCR Makassar.</p> <p>Result:</p> <ul style="list-style-type: none"> - 5 labs maintained their certification for 1st line and 2nd line DST. BLK Semarang passed their 2nd panel and now certified for 1st line DST. This brings the total to 6 labs being certified for 1st line DST and 4 other labs (BLK Jayapura, RS Adam Malik, Microbiology UGM, BBLK Jakarta) are in pipeline - BLK Banjarmasin is not yet ready to receive EQA panel test - BBLK Jakarta is recommended to get 2nd EQA panel test - BBLK Palembang to prepare new media and conduct DST using new QC strain. Once QC results are satisfactory, then a 20-isolate panel test to be sent to BBLK Palembang. - BBLK Surabaya was trained on how to prepare, conduct and report EQA panel test for DST (see 2.2.5) - Safety working practice training was conducted at BBLK Semarang. Participants: 12 TB lab technicians from 9 Labs (Male:4; Female:8)
2.2.7	Training of C&DST NRL in the conduct of laboratory assessments for developing C±DST	KNCV	7.419	100%	Sep	2013	<p>As part of capacity building for NRL, 2 BBLK Surabaya staffs joined lab visit with SRL/Richard Lumb during 11-17 Sept 2013.</p> <ul style="list-style-type: none"> - Ita Andayani joined visit to BLK Banjarmasin on 11-13 Sept 2013 - M. Taufiq joined visit to BBLK Palembang on 16-17 Sept 2013
2.2.8	International TA for GeneXpert implementation	KNCV	98.928	100%	Sep	2013	<p>Last visit by Sanne van Kampen was conducted on 8-28 Sept 2013</p> <ul style="list-style-type: none"> - Supervision of Xpert operation in 4 sites: RS Labuang Baji Makassar, NHCR Makassar, RS Pengayoman and BLK Jayapura/ RS Dok II (see 2.3.4). - GeneXpert module replacement at RS Persahabatan - Calibration GeneXpert module in 2 Xpert sites: Microbiology UI and RS Persahabatan - Finalization of Xpert data analysis from 5 sites - Development of lesson learnt document from 17 sites - TA for strategic use of Xpert in pediatric TB - TA for strategic use of Xpert in HIV/TB - TA for Xpert supply chain management/logistics
2.2.9	Key Stakeholders to review a Discussion Paper prepared by SRL as the basis for preparing a National Strategic Plan that links the NRL's to Provincial, public/private hospital, other government laboratories providing TB diagnostic services to the Indonesian people	KNCV	15.954	100%	Sep	2013	<p>Lab key stake holders meeting was conducted on 1-3 October 2013. Participants are BPPM, NTP, Supranational Reference Lab (IMVS Adelaide, Australia), 3 National Reference Lab (BBLK Surabaya, BLK Bandung and Microbiology UI), JSI, TBCARE I: WHO, JATA and KNCV.</p> <p>Result:</p> <ul style="list-style-type: none"> - Draft Laboratory National Strategic Plan 2015-2019 - Draft diagnostic algorithm for BBLK Surabaya and RS Persahabatan as this two labs had all TB diagnostic tools such as MGIT 960, GeneXpert and LPA. - Draft diagnostic algorithm for TB in children

2.2.10	Technical assistance from WHO Country Office	WHO	6.165	100%	Sep	2013	WHO staff participated and provided TA at GeneXpert evaluation meeting. This side meeting was arranged by KNCV during National TB Monev meeting at Yogya in 4th week of Jan 2013, TA also been provided together with Dr. Ranjani in the development of supporting documents of the Ministerial Decree on National Referral TB Laboratory, number 1909/ MENKES/ SK/ IX/ 2011 (19-23 November 2012 in Jakarta and Surabaya). TA also provided in laboratory aspect preparation to support NTPS. WHO staff also provided assistance to East Java PHO for preparation Soetomo as Provincial referral laboratories to replace BBLK Surabaya, to National GeneXpert/ CGAT meeting (Aug 2013) and to Lab TWG regular meeting.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3.1	GeneXpert Site assessment visit	KNCV	21.827	100%	Sep	2013	All 17 GeneXpert machines have been installed. Therefore this activity is no longer necessary and is being proposed to be cancelled. MOT has been submitted.
2.3.2	GeneXpert on site training, installation and first running	KNCV	52.558	100%	Sep	2013	The 17th GeneXpert sites, RS Cilacap were trained and followed by installation of GeneXpert machine on 01-02 May 2013. Participants were of Lab technicians, Lab supervisors, clinicians, staff from 7 prisons at Nusa Kambangan island, Provincial and district Health Staff (26 participants, 10 females)
2.3.3	Support GeneXpert operational cost	KNCV	17.551	100%	Sep	2013	GeneXpert operational cost had been paid to all GeneXpert sites who submitted their invoice during this quarter.
2.3.4	GeneXpert Supervision/Monitoring	KNCV	7.591	100%	Sep	2013	Supervision/monitoring visit done together with Sanne van Kampen to 4 following sites: - RS Labuang Baji Makassar on 10 Sept 2013: 162 Xpert tests done since Jan 2013. Found 11 discrepant Xpert & culture results and made clinicians worry. Recommendation: Provide SOP for clinicians on what to do with discrepant results - NHCR Makassar on 11 Sept 2013: Very little Xpert tests done since Jan 2013: 60 test. sample transport system not functional, no system to refer MDR-TB suspects or HIV+ TB suspects. Recommendation: establish sample transport network, send HIV+ TB suspects from hospital to NCHR - BLK Jayapura/ RS Dok II on 12-13 Sept 2013: Only 35 Xpert tests done since March 2013: all MDR-TB suspects, Xpert data are not backed up, C/DST results filled in separate register & difficult to compare Xpert with C/DST results. DOTS staff hesitant to send MDR-TB suspects for Xpert due to limited bed capacity to treat MDR patient and lack of infection control: One single room for MDR-TB, TB and asthma patients Recommendation: Enter C/DST results in Xpert register, establish PMDT clinic, improve patient management and allow HIV clinic to send TB suspects. - RS Pengayoman on 20 Sept 2013: 51 Xpert tests done since March 2013; all HIV+ TB suspects. 7 prisons send samples for Xpert and will increase to 15 prisons. Limited number of samples and strict schedule for sending samples. Leaking sputum cups (not national standard), 7 failed tests due to electricity cuts. Recommendation: need to speed up building of new sample preparation room. need

2.3.5	GeneXpert Coordination meeting	KNCV	14.190	100%	Sep	2013	Additional GeneXpert coordination meeting was conducted on 20-23 August 2013. All 17 GeneXpert sites were invited with following objectives: - Review GeneXpert implementation, discuss lesson learn from sites, challenges and how to solve it. - Review reporting and recording system - Update about new logistic system - Validation of GeneXpert data.
2.3.6	GeneXpert recalibration	KNCV	9.573	100%	Sep	2013	In collaboration with Fajar Mas Murni (Xpert service provider in Indonesia) calibration of first 2 GeneXpert machines in Microbiology UI and RS Persahabatan have been done on 25 September 2013. The remaining callibration will be carried forward to APA 4.
2.3.7	Supporting GeneXpert implementation	FHI360	11.054	100%	Sep	2013	Facilitating Pengayoman Hospital for accessing/request for cartridge to NTP and PHO. During this Q, Cilacap hospital examined 3 HIV positive, TB suspected, all are MTB negative. Meanwhile in Pengayoman Hospital, total of 42 sputum samples were examined from HIV(+) inmates suspected of TB; Results: 7 were Rifampicin resistant, 11 were Rifampicin sensitive, and 24 MTB negative. In September review of implementation of GeneXpert in Pengayoman was facilitated by Kanwil. All 6 prisons in DKI joined the meeting and the results are: Limitation in the quota of sputum samples sent for GeneXpert due to lack of proper storage space in Pengayoman, confusion still exist on eligibility for GeneExpert examination. With the help of Kanwil, further coordination will take place in next Q to ensure optimal access to geneXpert for prisons within the Jabodetabek area. East Java : From Malang Class I Prison there were 2 HIV positive TB suspected referred for GeneXpert examination, both results were MTB negative.
2.3.8	TA for TB and TB-HIV lab in TB CARE supported sites and GeneXpert.	FHI360	10.833	100%	Sep	2013	West Java : TA For HIV EQAS phase II preparation together with BLK (Labkes), PHO, PMI and TBCARE team. EQAS phase II already done, but no result confirmed yet from provincial Lab (BLK).
2.3.9	Procurement of GeneXpert cartridges	KNCV	62.654	100%	Sep	2013	In follow up of a request from NTP to solve stock out of cartridges for GeneXpert training and expansion, TB CARE I ordered 2500 cartridges on December 2012, which arrived in country in January 2013.
				99%			

3. Infection Control					Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	
3.1.1	Support NTP to develop policy, regulation for IC in health care facilities	KNCV	7.731	100%	Mar	2013	TB IC manual for health care facilities was finalized in this quarter. This manual will also be the basis for advocacy to Directorate of Medical Care for further policy development. 1,000 copies also printed and distributed by MoH. The next printing will be used MoH fund and will be widely distributed to provinces.
3.1.2	Incorporate TB IC policy in hospital accreditation system	KNCV	4.579	100%	Sep	2013	National Committee for Hospital Accreditation (KARS) has accepted National manual for TB IC implementation in health facility and incorporated in hospital accreditation system.
3.1.3	Develop TB IC SOP in 6 selected PMDT sites	KNCV	8.233	100%	Sep	2013	This activity will be carried forward to APA 4.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.2.1	In-house training for TB-IC staff	KNCV	64.717	100%	Sep	2013	During this quarter, In-house training for TB IC were held in 3 TB CARE supported provinces (West Java, Central Java and East Java). These activities were conducted in 6 hospital and participated by 185 participants (M:73 and F: 112). National facilitators assisted by provincial facilitators provided this training including assistance to follow up action points for improvement after training.
3.2.2	TA to assist new PMDT treatment centers to develop SOP and implement it	WHO	3.670	100%	Sep	2013	Technical assistance to new PMDT hospital has been provided with objective to meet TB IC standards through environment control in West Sumatera and Babel provinces. Direct TA provided in Q3 were Babel (May 2013), Riau (June 2013). In Q4 direct TAs have been provided to Riau Islands, Banten and Papua. TA also provided to assist NTP team to review proposed renovation designs from provinces.
3.2.3	TA for development of TB IC Plan in all PMDT/ TB HIV sites	FHI360	10.292	100%	Sep	2013	DKI Jakarta's prisons/DCs (6) and Pengayoman Hospital already finalized SOP for TB IC, endorsed by MOLHR Provincial Office. West Java's prisons/DCs (7) from Bandung, Bogor, Cirebon, Sukabumi & Bekasi already finalized SOP for TB IC which have been endorsed by MOLHR Provincial Office. SOPs will be signed by head of prisons/DCs. Semarang prison already finalized SOP for TB IC and already signed by head of prison.
3.2.4	Procurement and supply masks and respirators to all PMDT/ TB HIV sites	FHI360	5.617	100%	Sep	2013	N-95 respirators already arrived at Jakarta office and will be distributed to 25 prisons/DCs and pengayoman hospital especially to prisons/DCs that have MDR TB suspects/patients (through MOLHR provincial office and/or FHI360 Provincial office)
				100%			

4. PMDT		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
4.1.1	Post Self assessment meeting to analyze local strength, weakness, commitment and sites selection	WHO	17.470	100%	Sep	2013	TB CARE I only provide Technical Assistance for for post self assessment meetings and planning development, all meetings were implemented by NTP with GF funding support. The first meeting for 6 provinces (Babel, Riau, Kepri, Lampung, East Kalimantan and Papua) were conducted in first week of April in Bogor. The second meeting for 7 provinces (Central Sulawesi, Maluku, West Nusa Tenggara, South East Sulawesi, Central Kalimantan, West Kalimantan and Gorontalo) conducted in Jakarta, May 2013. The last meeting for last 4 provinces (West Papua, Jambi, North Maluku and East Nusa Tenggara) will be conducted in December 2013, with GF support.
4.1.2	TA to develop local specific plan for PMDT expansion at provincial level in new areas	WHO	16.374	100%	Jun	2013	TA has been provided to review the progress of PMDT implementation plan in NAD (3-6 Oct 2012). Field visit to support provincial health office to develop PMDT plan: East Java (March 2013), West Java (May and June 2013), Babel (June 2013), Central Kalimantan and Central Java (July 2013), NTT (August 2013), Riau Islands (Sept 2013) and South Sumatera (Sept 2013).
4.1.3	Meeting at central level to synchronize new provincial plan with national expansion plan	WHO	25.549	100%	Jan	2013	NTP propose to change the activities, WHO should focus on the finalization and dissemination of the new PMDT long term plan at strategic provinces such as East Java, West Java and Central Java. The development meeting had been done at West Java (May and July 2013), East Java (April 2013) and Central Java (July 2013). The new developed PMDT provincial plan have been disseminated to local stakeholders, in East Java (30 Sept- 2 Oct 2013) and West Java planned for 24-27 October 2013.
4.1.4	Training for PMDT sites	KNCV	55.409	100%	Des	2012	As part of PMDT expansion plan, 7 new provinces (NAD, West Sumatra, South Sumatra, Banten, South Kalimantan, South Sulawesi and West Sularwsi) were trained for PMDT in 2 batches. In total 65 participants attended the trainings in East and Central Java. Each province was represented by the hospital (pulmonologist/internist, nurses) and Health Office (PHO, DHO) and will act as the provincial PMDT team in their corresponding province.
4.1.5	Advocacy meeting	KNCV	24.040	100%	May	2013	This activity is cancelled. MoT May 2013.
4.1.6	PMDT M&E meeting twice a year at central level, involving NTP, PHO, hospital management and clinical expert team	WHO	47.234	Cancelled	Sep	2013	Overlapped with GF supported activities

4.1.7	PMDT M&E meeting twice a year at provincial level, involving NTP, PHO, hospital management and clinical expert team	KNCV	38.816	100%	Sep	2013	Up to this quarter, all PMDT sites have conducted PMDT evaluation meeting. This activity mainly focus to evaluate screening of suspect and patient decentralization to satellites and data validation between referral hospital, laboratory, DHO/PHO and satellites. The monitoring and evaluation meetings were attended by representative from: referral hospitals, satellites, PHO/DHO, laboratory, pharmacist, and other related stakeholders.
4.1.8	External TA to review national PMDT guidelines	WHO	20.799	100%	Jun	2013	Combined with activity no 4.1.11, WHO has proposed an external consultant capable to conduct both activities to NTP.
4.1.9	Regular meeting between National PMDT clinical expert team with panel expert HIV working group MOH	WHO	7.499	Cancelled	Jun	2013	No budget requested by NTP, several coordination meetings between PMDT team and panel expert HIV had conducted during IPT evaluation meeting and PMDT WG regular meetings where HIV panel experts have been invited. All meetings supported by GF
4.1.10	Development of clinical audit documents and to establish national clinical auditors team.	WHO	15.309	Cancelled	Jun	2013	Combined with activity no 4.1.11. National PMDT team had completed the draft for clinical audit guideline.
4.1.11	Capacity building for national team on clinical audit including to conduct on the job training for national clinical auditors.	WHO	25.133	100%	Jun	2013	Postponed to 26 October-4 November 2013 due to the timeline set by NTP and availability of the International consultant (dr Solanki).
4.1.12	Regular clinical audit by national clinical audit team to ensure the quality of PMDT services.	WHO	12.346	Cancelled	Sep	2013	NTP decided to change the approach by integrating clinical audit to regular PMDT supervision. PMDT regular supervision will be implemented by joint team, consist of NTP/ partners and Clinicians from PMDT sites.
4.1.13	Develop guidance/standard to conduct micro training for rapid PMDT expansion in satellites setting	WHO	10.979	100%	Jun	2013	Postponed by NTP. Will be implemented after National PMDT monitoring evaluation meeting in 2nd week of November, 2013. The ground works and all administrative process have been completed.
4.1.14	Workshop to review and revise PMDT training material	WHO	16.041	100%	Sep	2013	Combined with activity no 4.1.13
4.1.15	Incorporate PMDT components into the regular TB training curriculum	WHO	10.978	100%	Sep	2013	Combined with activity no 4.1.13
4.1.19	Technical assistance from WHO Country Office	WHO	16.374	100%	Sept	2013	Site visit to PMDT sites: Persahabatan hospital 12 Oct, Moewardi hospital 18-19 Oct, Sutomo and Saiful Anwar hospital: 23-25 Oct, Labuang Baji hospital 11-14 Nov. The visits were conducted by WHO, NTP focal point on PMDT and other TB CARE partners. TAs were also provided for PMDT counselling training organized by FHI360 (Bandung, 4-8 March 2013). Second round visits to PMDT hospitals have been conducted in Sutomo and Saiful Anwar (April 2013), Moewardi hospital (May 2013), Hasan Sadikin (May and June 2013).
4.1.20	Coordination meeting between selected ART hospital/lung clinic with PMDT sites	FHI360	13.280	100%	Sep	2013	During this Q, Moewardi Hospital together with PHO and DHO had finished developing SOP for collaboration between PMDT unit and HIV unit. Total of 5 PMDT hospitals in Adam Malik, Persahabatan, Hasan Sadikin, Moewardi and Saiful Anwar Hospital already finalized this SOP.
4.1.21	Prepare Health Center for PMDT service: Micro Training (On Job Training)	KNCV	24.487	100%	Sep	2013	In this quarter, on the job training for 53 PMDT satellites were conducted in 6 TB CARE I supported provinces as part of patients' decentralization to the nearest health center. This on the job training reached out 415 health workers as participant (292/M and 123/F). During this quarter, 87 patients were decentralized to satellite HCs. At the end of September 2013, 452 patients out of 708 (64%) are continuing treatment at satellites health center.

4.1.22	Specimen referral mechanism: training, logistics, specimen transport cost	KNCV	30.161	100%	Sep	2013	During this quarter, TB CARE I supported specimen referral mechanism for 305 suspects in East Java, Central Java, Yogyakarta, and South Sulawesi. All the specimen were received in good condition at the lab and examined by GeneXpert.
4.1.23	Sub referral hospital development (starting kit) : advocacy meeting, socialization, renovation, training, SOPs Development	KNCV	43.902	100%	Sep	2013	Up to this quarter, 3 sub referral hospitals have been established in 2 provinces as planned. Two out of three hospitals, which are RS Karjadi Semarang and RS Cilacap in Central Java have treated MDR TB patients, these hospitals were also equipped with GeneXpert machine. Another sub referral is RS Paru Jember in East Java, and up to end of this quarter, all preparation processes have been completed and ready to start the treatment.
4.1.24	Monthly supervision to PMDT treatment centers or satellites	KNCV	85.299	100%	Sep	2013	To ensure quality of services at satellite health centres, joint supervision was conducted by PMDT TOs at provincial level together with PHO/DHO staff. The visit aimed to look at the service provided, drug stock maintenance, also report and data validation. During this quarter, 117 health centres in TB CARE I supported provinces were visited.
4.1.25	Treatment support (follow-up patient under MDR treatment, side effect management, sputum handling and transportation, decentralized to HC, logistic transport, dormitory and patient gathering)	KNCV	74.386	100%	Sep	2013	Treatment support is delivered to MDR TB patients enrolled before 1 January 2012 in 5 PMDT sites (2 sites in East Java and 1 site each in Central Java, DKI, and South Sulawesi). Up to end of Q4, in total there are still 21 patients eligible for this support in those sites. TB CARE I also supported cost for decentralization of 165 patients in 7 TB CARE I supported provinces. The supports were provided for transportation cost for handed-over patients' document and also for drug delivery cost from referral sites to satellites.

4.1.26	Workshop for finalization of MDR SOP in the prison setting	FHI360	7.011	100%	Mar	2013	The document name was changed by NTP and Ditjenpas from MDR SOP into Guideline for MDR Management in the Prison Settings. TB CARE I provided extensive support on drafting the document and supported the finalization of the document in two meetings involving NTP, Ditjenpas, Pengayoman hospital, on 4 and 17 January 2013.
4.1.27	Workshop to familiarize prisons with MDR SOP for prison	FHI360	43.578	100%	Mar	2013	Workshop to introduce the guideline for MDR management in the prison setting (see activity 4.1.26) was held in Cirebon, 4-5 February 2013. Thirty three prisons from 6 provinces (DKI Jakarta, West Java, Central Java, East Java, North Sumatra, Banten) were invited with 50 participants (23 males, 27 females). During the workshop, identification of MDR suspects, SOP for sending sputum, record/report were trained by facilitators from TB CARE I. Next step is to provide TA to assure prisons identify MDR suspect and refer sputum to PMDT sites.
4.1.28	Coordination meeting among PMDT satellites prisons and PMDT sites: Persahabatan, RSSA, RSHS, Moewardi, and Adam Malik	FHI360	6.992	100%	Sep	2013	This Q, TBCARE 1 facilitate OJT for PMDT for Banceuy prison health staffs (3) and Bandung Female prison health staffs (3) to Hasan Sadikin hospital. Meanwhile, OJT for PMDT for Medan Class I prison also done to Adam Malik hospital. For Central Java (Sragen prison) will be conducted this OJT in the next Q.
4.1.29	Coordination meeting between GeneXpert center in prison (Pengayoman and Cilacap) with PMDT hospitals, and/or culture and DST referral laboratory	FHI360	3.427	100%	Sep	2013	Coordination meetings between Pengayoman and Persahabatan, and between Cilacap and Moewardi were conducted this quarter. The coordination was to strengthen the referral system for culture and DST after GeneXpert exam. Technical details on the management of the referral and informing results were discussed. Preliminary meeting among Moewardi and RSUD Cilacap was conducted during TB-MDR socialization. The Start-up of Gene-Xpert began in mid of May 2013. TB-MDR clinic at RSUD opened in June 2013 and treated 1 patient of TB-MDR. Another coordination meeting will be conducted to improve the utilization of GeneXpert for prisons/DCs in the next Q.
4.1.30	Supporting MDR diagnostic and treatment in the prison	FHI360	37.600	100%	Sep	2013	During this Q, we already finished minor renovation for 3 prisons (Banceuy, Malang, Sragen) and also Pengayoman Hospital. So all 5 PMDT prisons satellite already renovated and ready to manage MDR TB patients from inmates. Unfortunately, MDR TB cell in Medan Class 1 prison is totally damaged/burnt out during the riots happened there. For Pengayoman Hospital until end of September 2013, MDR TB patients that being referred are 12 inmates but 2 patients died prior to treatment and 10 patients went on treatment. From 10 patients, 2 inmates already on parole and 1 patient died. From medan DC there is 1 patient confirm MTB rifampicin resistant by GeneXpert examination. From West Java prisons (6), there were 14 MDR TB suspects, 6 already send for GeneXpert examination, none were detected rifampicin resistant.
4.1.31	Workshop/ meetings among high ranking officials/ decision makers of central level and provincial level on PMDT.	WHO	24.948	0%	Sep	2013	In August 2013, NTP Manager has decided to combine the activity with National TB Congress which plan by mid October 2013 where NTP will launch provincial PMDT long term plan from East and West Java to stimulate the other provinces to do so. NTP will organize the National Congress in the last week of November 2013. We propose to carry forward this activity since there is no similar proposal in APA4.
4.1.32	Training for MDR counseling	FHI360	55.895	100%	Mar	2013	Two MDR Counselling trainings using the GF budget were held by NTP in Surabaya and Makassar with TB CARE I serving as trainers. Total participants in both trainings were 9 M, 11 F, from Malang (8 including prison), Surabaya (8), and Makassar (4). In Makassar (21 participants): 2 M and 19 F. As the previous training, the trainings preceded by training of expert patient trainer/EPT in Surabaya (10 males, 5 females), which are converted/cured MDR patients. In Makassar: 8 M, 4 F. NTP considered this very important and requested further assistance from TB CARE to train more PMDT centers.

4.1.33	Patient gathering	KNCV	11.156	100%	Sep	2013	Psychosocial supports were provided to MDR TB patients, patients gathering is one of regular activity conducted. This activity aims to gather MDR TB patients and deliver IEC material related to MDR TB. Various materials were provided, i.e. refreshing about infection control, side effect from SLDs, sharing experience from cured patients, etc. In some sites also involving professional in hypnotherapy and also psychologist in order to motivate patients in treatment adherence. During this quarter, 13 sessions were conducted in PMDT sites and involving 569 participants (patients, patient's family, ex-patients and also HCWs).
4.1.34	Dormitory / shelter	KNCV	55.526	100%	Sep	2013	Dormitory/shelter support were provided mainly for MDR TB patients who need temporary shelter while awaiting decentralization process to the satellite health center. In this quarter, TB CARE I provided shelter for 38 patients at 5 PMDT sites in 4 supported provinces.
4.1.35	Transport support	KNCV	8.820	100%	Sep	2013	This support was provided by social workers or PMDT TO to trace default patients. Priority for default tracing is to utilize the existing system in Government, however in some cases DHO usually requested assistance from social workers and/or PMDT TO if they found difficulties in dealing with default patients.
4.1.36	Individual counseling	KNCV	804	100%	Sep	2013	Activity cancelled in MoT May 2013. Activities was covered by treatment support for side effect management (see 4.1.37)
4.1.37	Treatment support	KNCV	94.777	100%	Sep	2013	Enabler and side effect management support are delivered to MDR TB patients enrolled before 1 January 2012 in 5 PMDT sites (2 sites in East Java and 1 site each in Central Java, DKI, and South Sulawesi). Up to end of Q4, in total there are still 21 patients eligible for this support in those sites. During this quarter, among those eligible patients, there was no hospitalized needed due to side effects.

4.1.38	Infection control support	KNCV	151.401	100%	Sep	2013	TB CARE I supported infection control for PMDT sites by procuring N95 respirator and fit-test equipment as requested by NTP in Q1. More procurement will be done in Q4.
4.1.39	Renovation of selected health centers (PUSKESMAS) in East Jakarta and Surabaya, and renovation of treatment centers	KNCV	86.592	100%	Sep	2013	All renovations have been done in this quarter.
4.1.40	Develop national and local capacity to provide ongoing support and development for e-TBM for all existing and new MDR-TB sites in Indonesia	MSH	62.312	100%	Sep	2013	During last quarter NTP has started piloting a reduction of paper-based forms in 2 sites (Moewardi and Siaful Anwar). These sites demonstrated have demonstrated during the past years the higher completeness when we compare paper-based system and e-TB manager reports. All PMDT sites are using e-TB manager regularly. e-TB manager became officialy the reporting source for MDR-TB, it's already used by NTP/WHO/KNCV/MSH for that purpose.
4.1.41	Provide technical support to all involved GoI stakeholders in developing and implementing a fully electronic system, including a dashboard and indicators, for both MDR-TB patient & SLD data management in Indonesia	MSH	37.658	100%	Sep	2013	PMDT paper-based monthly reports are being sent from NTP to MSH for data completeness comparison among paper-based and eTB manager-generated reports for cases management. However, some problems were found since the moment that previous IT programmer has left NTP, reports developed aren't yet matching 100% with paper-based numbers. IT programmer is being hired by MSH as consultant so the perspective is to have all reports for Cases and Medicines mathing with paper-based numbers, this will be completed during APA4. Closer monitoring over units for a better completeness/update of the medicine module information is key for improving the regular data entry in e-TB manager.
4.1.42	e-TB Manager implementation in 7 PMDT sites	KNCV	49.322	100%	Sep	2013	On the job training of e-TB Manager was conducted in Jember Lung Hospital as PMDT sub referral site on 10-11 Sept 2013. This OJT was supported and facilitated by WHO and KNCV
4.1.43	Field visits to oversee e-TB Manager implementation to 7 PMDT sites	KNCV	9.769	100%	Sep	2013	Up to Q4 APA4, TBCARE had supported e-TBM supervision to 8 sites to monitor eTB manager implementation as well as to do on site data validation.
4.1.44	M&E and e-TBM data validation meeting	KNCV	33.984	0%	Sep	2013	The activity is not able to be conducted due to time constraint. However, data validation activities were conducted during eTB manager supervision (see 4.1.43)
				95%			

5. TB/HIV		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
5.1.1	TA to NTP on TB-HIV/MDR TB-HIV collaborative activities	WHO	7.919	100%	Sep	2013	TA has been provided together with FHI360, NTP and NAP to disseminate new TB HIV clinical guidelines and new TB HIV surveillance system, revision of TB HIV modules. Add IPT modul, EPT on PITC modul, revise ME modul using 20 TB HIV indicators. Technical assistance on developing IPT technical guideline. Involve in TB Surveillance among HIV patients plan (survey vs sentinel surveillance).
5.1.2	Coordination meeting for TB-HIV in district, province, and national level	FHI360	69.960	100%	Sep	2013	In this Quarter, North Sumatera, West Java, DKI Jakarta (special for prisons system), Central Java, East Java, Papua and West Papua provinces, Gresik, Mojokerto, Malang City (East Java), Mimika, Jayapura district and Sorong city (Papua & West Papua) conducted TB-HIV monev meeting, where our TOs involved in giving TA and facilitation. East Java PHO conducted this meeting with cost sharing with TBCARE budget. This meeting was conducted to evaluate TB-HIV program implementation in sites also to strengthen linkages between health facilities and also prisons/DCs/parole office. From these meetings, each PHOs/DHOs have a workplan for the next Q on how to accelerate TB-HIV collaboration. We also participate and give TA during coordination meeting at Central level to NTP and NAP, regarding Strategic Use of ARVs acceleration, TB-HIV communication (IEC material planning), TB-HIV modules revision for ToT and also TB-HIV surveillance system for prisons/DCs.
5.1.3	Mentoring of MDR TB-HIV clinics	WHO	8.282	100%	Sep	2013	Mentoring for MDR TB HIV clinics are provided by WHO and other TB CARE partners at 3 hospitals, Sanglah (Sept 2012), Persahabatan (Feb 2013), Hasan Sadikin (May 2013) and Moewardi (July 2013). Supervision of GeneXpert use for TB-HIV to RS Pengayoman (September 2013).
5.1.4	Regular mentoring in IPT sites	FHI360	8.564	100%	Sep	2013	On site mentoring for IPT was delivered to doctors/nurses and data officers at RSHS, RSCM and RSP. The focus of the mentoring was to ensure that all patients completing IPT regimen were checked to determine whether they develop TB or not (by symptoms and chest x-ray) and to ensure the IPT quality data.

5.1.5	TA for evaluation of IPT result and publication	FHI360	2.093	80%	Sep	2013	<p>TB CARE I prepared the IPT report and supported NTP to present the report at a meeting to evaluate IPT results. The results of IPT from 4 hospitals:</p> <p>205 participants were provided with IPT, of those:</p> <ul style="list-style-type: none"> - 167 (81%) completed regimen - 2 (1%) died - 7 (3%) stopped INH because of severe side effects - 24 (12%) defaulted - 1 (0.5%) failed (have TB) - 4 (2%) stopped INH because of other reasons <p>TB CARE will support NTP to finalize the report and conduct further analysis and prepare some abstracts using the available IPT data.</p>
5.1.6	IPT Monev Meeting	FHI360	15.971	100%	Sep	2013	<p>TB CARE with NAP and NTP conducted the IPT Monev meeting in July. All (4) implementing hospitals were invited to present IPT results in their hospital, challenges and recommendations for further scale up.</p>
5.1.7	Supporting the scaling up of IPT	FHI360	19.589	100%	Sep	2013	<p>In this quarter, TBCARE with NTP and NAP conducted several meeting to update technical guidelines for scaling up IPT implementation to nation wide based on lesson learnt from 4 pilot sites. Unfortunately, since the endorsement of scaling up for IPT implementation is delayed from TB-HIV TWG, so TBCARE I support for the IPT workshop for new provinces is also delayed and will be conducted in APA4.</p>
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2.1	Facilitate national TB-HIV/ MDR TB-HIV trainings for HIV staff and TB staff	WHO	9.955	100%	Sep	2013	<p>With other TB CARE partners, WHO staffs facilitated 2 batches of National TB HIV ToT in July-August 2013. The training conducted by NTP and 23 provinces participated on the training. As a part of training curricula, technical assistance also had been provided to develop a district TB HIV action plan.</p>
5.2.2	Internal coordination meeting in 15 TB CARE supported sites	FHI360	8.954	100%	Sep	2013	<p>TB CARE facilitated internal coordination meetings in Persahabatan hospital, Cilacap hospital, Moewardi hospital, BBKPM Surakarta, Surabaya Porong Prison, Kanjuruhan Hospital, dr. Soetomo hospital, Sememi PHC, Putat Jaya PHC (East Java), Kotaraja PHC, Jayapura hospital and Remu PHC (Sorong) to accelerate TB-HIV collaborative activities and to monitor data collection process so that report of 20 indicators for TB-HIV could be reported timely .</p>
5.2.3	TB/ HIV Training of Trainers	FHI360	31.423	100%	Sep	2013	<p>This Q, TBCARE with NTP and NAP (cost sharing budget between GF & TBCARE) conducted 3 batches of TB-HIV ToT where we already trained 89 Provincial facilitators from 27 Provinces. TBCARE supported some participants from North Sumatera, West Java, DKI Jakarta, Central Java, East Java, Papua and West Papua also supported for HIV facilitators and some of our STOs are appointed as facilitators during these ToT.</p>
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.3.1	Supervision to low performance TB-HIV supported sites (5 sites)	FHI360	19.593	100%	Sep	2013	<p>During this Q, Papua province conducted TB-HIV supervision to 5 of their lowest performance sites (Sentani PHC, Sawoy PHC, Genyem PHC, Yapsi PHC, Depapre PHC) to monitor TB-HIV collaborative activities and to strengthen capacity of health staffs in TB-HIV mangement. For East Java province, supervision done to Mojokerto, Jember, Surabaya and Malang Districts/Cities, cost sharing budget with district/city's budget.</p>

5.3.2	Technical assistance for TB-HIV collaborative activities	FHI360	107.460	100%	Sep	2013	TA given to West Java, Central Java & East Java provinces and Bandung Barat district also Cibinong prisons, Madiun prisons (together with PHO, DHO, parole office) during TB-HIV money meeting & data validation. TA also given to sites, i.e, Persahabatan Hospital, Cilacap hospital, moewardi hospital, BBKPM Surakarta, Jayapura Hospital, Mimika hospital, Timika Kota PHC, to improve coordination and collaboration between TB unit and HIV unit.
5.3.3	Sub-agreement with PPTI Baladewa	FHI360	17.005	100%	Sep	2013	From 468 TB patients during July-September 2012, 8 already with HIV reactive. Total of 23 TB patients offered, tested and known their HIV status, 8 were with HIV reactive. From 16 TB-HIV coinfectd patients, 9 were on ART and TB drugs, 16 were on CPT and TB drugs. From 226 HIV patients visited during July-September 2013, 194 were screened for TB and 21 TB suspected. Total of 2 patients were confirmed with sputum AFB positive and 19 were sputum AFB negative. All were on TB treatment. A total of 5 TB-MDR patients were referred to Persahabatan. 4 patients confirmed attendance and 1 lost to follow up. Out of the 4 patients, all went on treatment and 1 patient already defaulted. In September a discussion on the PMDT linkage between Persahabatan and PPTI was held. Plans are made to improve the capacity of PPTI staff on the management of MDR and MDR-suspected patients, when to refer and how to establish linkage of access to GeneXpert examinations for these patients. Prior practices in PPTI, patients suspected of MDR had sputum samples sent for DST and Culture only which is costly for patients.
5.3.4	Printing for TB/HIV guidelines, forms, IEC materials, modules	FHI360	14.232	100%	Sep	2013	All printings were ordered, and waiting for delivery from vendor. All printings will be distributed to sites in the next Q.
5.3.5	International travel	FHI360	20.667	100%	Sep	2013	TB CARE I conducted training on TB-HIV and MDR, also to learn about TB-HIV recording and reporting at WHO training collaboration center, Nonthaburi, Thailand in this Q. Participants from NTP, NAP, Persahabatan Hospital, Saiful Anwar Hospital and TB CARE team. One of the objectives of the training is to advocate for a system of comprehensive and integrated HIV service in DOTS unit.
				99%			

6. Health Systems Strengthening		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
6.1.1	Develop guidelines to improve the allocation of insurance revenues and government budget to TB control	MSH	58.614	100%	Sep	2013	MOH held policy discussions on TB financing and decided to pass a law on TB financing over the next few months. They originally asked us to help them prepare it and we did some work on it. Then they decided to use some local consultants and did not need our help any more. MOH consultants are also working on the retention of revenue issue. We will not do more work on this.
6.1.2	Develop examples (written and video) of good insurance schemes specially TB coverage for advocacy	KNCV	12.233	100%	Mar	2013	This activity is cancelled. MoT May 2013.
6.1.3	Continue support to NTP on developing the TB control financing implementation and monitoring progress	MSH	34.807	100%	Sep	2013	Conducted analysis of finance M&E data and carried out data validation exercise. Additional work was done in Lombok. Results were presented by the NTP Director at the Beijing HSR conference. Assistance was provided to the NTP in costing and financing to prepare the GF phase 2 request which contributed to the successful GF proposal. Developed framework for financing roadmap and presented to NTP. Report on TB finance M&E data is being finalized and will be completed by the end of December.

6.1.4	Use cost information for developing financing mechanisms and improving efficiency	MSH	56.509	100%	Sep	2013	Costing models were developed and results reviewed by MOH in connection with insurance financing strategy. Costing was discussed with Vice-Minister in November and ATM costs were reviewed in a technical meeting in December. Costs were presented to senior MOH and other policy makers and donors in January, to JEMM and at National TB program M&E meeting, and at international workshop in April. National and Central Java reports distributed for review and at request of NTP, MDR-TB targets are being adjusted to reflect current NTP targets. Final versions will be distributed by the end of October 2013.
6.1.5	Conduct operations research on ATM financing, including insurance and provide guidance and advocacy to MoH and other stakeholders	MSH	99.767	100%	Sep	2013	The OR was conducted on TB under insurance in 3 provinces which will serve as pilots for the national social health insurance scheme. The final results were presented at the July 2013 Monev and the report was reviewed and will be distributed for comments by the end of October 2013.
6.1.6	ACSM training in TB CARE provinces	KNCV	16.067	100%	Oct	2013	This activity was cancelled since there was no request to facilitate ACSM training in province. To be put in the next MoT.
6.1.7	Strengthening patient and community for TB advocacy (PCA Implementation)	KNCV	36.841	100%	Sept	2013	Intervention of Patient Charter Introduction for Patient and HCW were conducted in Cimahi (20-21 June 2013) and Bandung District (26-27 June 2013) involving 13 HCW and 13 patient for each district. Model of intervention is using introduction workshop involving HCWs and patients. The objective of this workshop is to develop action plan/commitment among patients and HCWs on how they will ensure that patient right and responsibility will be applied in their health facilities setting. IEC material (booklet and standing banner) were also developed and distributed to each Puskesmas (1 standing banner and 20 booklet each). Endline data collection conducted between 1-7 Juli 2013 involving 8 enumerator and 2 supervisor. Draft final report has been finalized at the end of September.

6.1.8	World TB Day 2013 (community campaign)	KNCV	59.955	100%	Mar	2013	World TB Day has been conducted in collaboration with NTP and appointed Hope International Worldwide as partner. The main activities for WTBD celebration is Run for TB (24 March 2013), held in Monas square attended by around 11,000 people, partners, community-based and faith-based organizations involved in TB control. the event attended by the high level key points such as Minister of Welfare, Vice Minister of health and DKI Jakarta's governor. This is the main event of TB commemoration to generate public awareness and media attention of TB issue. In National Seminar for TB (31 March 2013), TB CARE I took part by participating in the exhibition.
6.1.9	Mentoring of ACSM at selected province	KNCV	2.011	100%	Oct	2013	This activity is based on NTP request. No request from the NTP up to the end of APA3
6.1.10	ToT for Leadership and Programme Management training	WHO	30.469	100%	Mar	2013	Implemented 13-20 Jan 2013 in Bandung where 21 participants (11 males, 10 females) from NTP and 6 Provinces (NTT, NTB, Central Java, East Java, Central Kalimantan and Riau Islands) attended the training.
6.1.11	Technical assistance from WHO Country Office	WHO	8.995	100%	Sep	2013	TAs have been provided for TB supervisory tools development and orientation (2-5 Dec '12 in Jakarta), PAL supervision in West Java (Bandung and Majalengka, 4th week Oct - 1st week Nov '12), ToT PAL (Bogor, 2nd week Nov '12), Stop TB Partnership Forum Indonesia (Jakarta, March and June 2013).
6.1.12	TB CARE 1 Consensus Meeting for APA 4	KNCV	16.813	100%	Jun	2013	TB CARE I year 4 planning process has been conducted starting on June 2013. Serial planning workshops in provincial level were conducted in parallel within in a week time. The result from provincial planning and combined with planning at national level were presented and discussed during national planning workshop in end of June. Draft of proposed activities and targets were defined and compiled.
6.1.13	Support to Global Funds Phase 2 renewal process	KNCV	70.000	100%	Mar	2013	TB CARE I has supported CCM Indonesia in the development and submission of the request for renewal of the GF SSF. The work was done in close collaboration with the team of University of Gadjah Mada, Yogyakarta, supported by experts of the TB CARE I. Due to the complexity of the proposal development process, the finalization took more time and effort than anticipated. For phase 2 the focus is on the rapid expansion for PMDT and TB/HIV services based on provincial action plans to solve bottlenecks and expanded roll out of GeneXpert. Other priority areas are strengthening policy and regulations in support of TB control, intensified research, and enhancing engagement of society support organizations. Total of budget proposed is around 67 million dollars.

Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2.1	Mentoring of TB HR capacity building at selected provincial and district level	WHO	14.130	100%	Sep	2013	All ground works and administrative procedures have been done including transferring funds. However, the timeline changed by NTP and postponed until 1st-2nd week of November 2013.
6.2.2	External TA for HRD to develop action plan for local capacity building	WHO	32.137	100%	Sep	2013	TA from Karin Bergstrom was delivered 19 Nov- 2 Dec 2012. The purposes: to review the existing training modules for several TB trainings such as: Pediatric TB, TB HIV, TB Laboratory and LQAS. To develop first draft of PMDT training for satellite facilities. During the visit, Ibu Karin met with all related NTP Team and focal point to review the existing practices for training. Results: The training modules analysis on role and responsibilities for pediatric TB, TB-HIV and TB laboratory were developed during the mission and handed over to NTP focal point on HRD for follow up. The draft on training strategy/principles for PMDT satellites were developed. Second visit of Ibu Karin are cancelled for APA3, however, NTP HRD focal point had followed up the recommendation. NTP had arranged a meeting to review all TB training modules, started with a meeting in March 2013. In separate occasions, NTP PMDT, Lab, PPM, TB-HIV teams had followed the recommendation by arranging a meeting to develop training modules and curricula for each training. All above trainings have been received the accreditation from BPSDM in July 2013.
6.2.3	To integrate TB HRD guideline, including requirement for PMDT, TB Lab and TB surveillance.	WHO	10.258	Cancelled	Mar	2013	The activity had been cancelled by NTP, however the task to integrate PMDT, Lab, Childhood TB and Surveillance into TB training modules have been completed. With GF supports, NTP conducted a series of workshops in Q3 and Q4 to develop/update the curricula for specific TB trainings (HDL, labs, wasor trainings, etc). TB CARE partners provided supports for integration of PMDT and TB HIV materials into the new TB trainings modules.
6.2.4	Capacity building for Provincial Training Coordinator	WHO	38.675	50%	Sep	2013	All ground works and administrative procedures have been done, the last plan for implementation has been set up by NTP in early September. Due to unavailability of NTP focal point and overlapping with other GF support training/ HRD activities, NTP decided to postpone the activity to 3rd week of November 2013.
6.2.5	Development and publication of document on HRD in Indonesia for international experience sharing (in two languages, Bahasa Indonesia and English)	WHO	7.088	Cancelled	Sep	2013	Cancelled by NTP

6.2.6	ACDA Training	KNCV	38.663	100%	Dec	2012	ACDA training was conducted and followed by 26 participants from 22 provinces (8 males, 17 females). This training conducted in 3 phases. First phase was conducted in APA2, 2nd phase was work field on October-November 2012, and 3rd phase was on 2-9 December 2012 for presentation and discussion on the workfield.
6.2.7	Survey on knowledge, attitude and behavior of medical school fresh graduates in Indonesia for TB control	The Union	54.335	100%	Aug	2013	Preparation and coordination are being carried out for activity to take place in July 2013. Due to Ramadhan and low response rate from medical university, the survey strategy was changed from decentralized data collection in each University to Online survey. In August 2013 medical schools were contacted to get the list of their fresh graduates and contact details. In the third week of September 2013, out of 22 targeted medical schools, 13 medical schools have shared the list. Among those in the list has been contacted via email and short message, to be involved in the survey. By the end of September 2013, 18 medical school have sent their fresh graduated medical doctors list. Currently the survey is almost completed and data is still being analyzed. Report of preliminary results is provided.
6.2.8	Mentoring the mentor as continuation of advanced ToT	The Union	36.817	100%	Feb	2013	Mentoring the Mentor Course has been conducted on February 25-28, 2013 in Yogyakarta, attended by 15 participants (8 female, 7 male) and 2 observers (1 female, 1 male) from 13 provinces. The course is continuation of the Training-of-Trainers, to provide a high performance group, identified from the original "Training of Trainer" batch to build on the training skills to transition to another level of performing which is "Coaching and mentoring". Coaching and Mentoring will prepare participants to work with others and energizes them to use these skills for implementing TB control programme.
6.2.9	PPM Course (roll over from APA 2)	The Union	55.956	100%	Aug	2013	The PPM workshop has been conducted in Yogyakarta, on August 26-29, 2013. The workshop was attended by 24 participants (19 female, 5 male) from 8 provinces and 3 observers (3 female) from NTP, IDI and KNCV. The workshop provided updates on strategies on engaging PPs in TB control. The action plan of each provincial ISTC taskforce was developed and received supports from the NTP, Indonesian Medical Association and KNCV. Monitoring and follow up to the implementation of action plan is needed
6.2.10	Workshop to develop TB module for medical graduates and medical interns	The Union	44.812	100%	Jun	2013	Three workshops has been conducted under this budget line. The 1st workshop was conducted in Yogyakarta, 22 April 2013, attended by 11 participants (6 males and 5 females). The second workshop was conducted in Yogyakarta on 16-17 May 2013, attended by 11 participants (6 males, 5 females). The third workshop (review workshop) was conducted in Jakarta on June 10-11, 2013, attended by 3 representatives from NTP (1 male, 2 females) and representatives (lecturers who coordinating TB topic) from 8 medical school in Indonesia (4 males, 4 females) . On the first day, the workshop was also attended by 6 reviewers (expert in TB and representatives from medical professions organizations; 4 males, 2 females). The result of these workshop series is a final/revised guideline for TB modul development that were published in collaboration with the Directorate General of Higher Education, Ministry of Education, and were disseminated to medical schools in Indonesia on the final dissemination meeting. The dissemination meeting was conducted in Jakarta on September 16, 2013, attended by representatives from medical schools in Indonesia (Dean/Vice Dean/Head of Curriculum Dept) and representatives from medical professions organizations. In total there were 71 participants represented 45 medical schools and 8 medical professions organizations and

6.2.11	MDR-TB clinical management course batch 3	The Union	68.540	100%	Sep	2013	<p>The course was conducted on Sept 9-13, 2013 in Jakarta, with 24 participants, consisting of 11 male participants (46%) and 13 female participants (54%) from 14 provinces. Four observers from National TB Control Program, KNCV and Persahabatan Hospital also attended this course (3 female, 1 male). The course was facilitated by Chiang Chen-Yuan MD, MPH, DrPhilos and dr Sarabjit S. Chadha from The Union, along with local facilitators from NTP, WHO, Persahabatan Hospital, Moewardi Hospital, Saiful Anwar Hospital, Hasan Sadikin Hospital and dr. Karyadi Hospital.</p> <p>The 5-day intensive training course consists of interactive in-class presentations, discussions and practical exercises aiming to strengthen participants' capacity in clinical and programmatic management of drug-resistant TB. The course provided a detailed review of epidemiologic, biologic, clinical, laboratory, diagnosis, the best approach for the treatment and programmatic components of drug resistant tuberculosis. The course covered all modules as scheduled, and the majority of planned exercises while generating high levels of satisfaction among participants. The difference in pre- and post-test results and great concern showed during the frequent questions formulated during the course demonstrate that the participants gained new knowledge and acquired useful techniques for MDR-TB diagnose and treatment.</p>
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6.2.12	Workshop to establish assessment for Medical Internship and Vignette for Indonesian Medical Doctor Competency Test (UKDI)	The Union	26.411	100%	Sep	2013	The Workshop to Establish Vignettes for Indonesian Medical Doctor Competency Test has been conducted on May 15, 2013 in Yogyakarta, attended by 16 participants (8 males, 8 females). This first workshop resulted in draft for TB competencies assessment that consist of: Multiple Choice Questions for uncomplicated TB, complicated TB/TB-HIV and template for Objective Structured Clinical Examinations (OSCE) station. The draft has then been reviewed and revised on June 10, 2013, resulted in a revised TB competencies assessment.
6.2.13	Staff Capacity Building	KNCV	53.255	100%	Sep	2013	Capacity building was provided to supporting and technical staffs, for in-country and international training. There were 17 males, and 14 female staffs trained (31 people)
				98%			

7. M&E, OR and Surveillance		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
7.1.1	Consultant to oversee the SITT (national TB program integrated information system) development, implementation and evaluation	FHI360	33.730	100%	Sep	2013	SITT-2 already had its final design at June 2013, and consultation still need to be performed to adapt the most appropriate policies. This quarter, SI officer of FHI 360 worked closely with consultant to provide technical assistance to NTP to supervise and check the progress of fixing bugs. The deliverable are the SITT 2 version 9. The consultant was asked to improve the SITT 2 manual. The deliverables are manual of SITT for National, Wasor Provinsi, Wasor Kota/Kab, Laboratory, and health facilities. The consultant participated as trainer during the training of SITT that have been asked by NTP, and also trained the SITT master trainer that consist of selected NTP staffs and KNCV's M&E staff.
7.1.2	Training for trainer SITT phase 2	KNCV	21.948	100%	Jun	2013	TBCARE supported the workshop on SITT phase 2, participated by 23 people (includes 13 female) from NTP, KNCV, FHI and WHO on 2-3 Sept 2013 in DKI Jakarta to improve the existing SITT phase 2 as well as to develop a plan for piloting in health facility level in Bogor, West Java.
7.1.3	Implementation of SITT phase 2	KNCV	34.778	100%	Sep	2013	- TBCARE KNCV facilitated the training to health facility level on 12-13 Sept 2013 as the preparation to roll out the SITT phase 2 testing in Bogor, West Java. This training was participated by NTP, PHO, DHO, intermediate lab and provincial lab of West Java - During this quarter, TBCARE facilitated SITT phase 2 training to 3 TBCARE provinces (North Sumatera, West Java and Central Java) and 3 non TBCARE provinces (Babel, NTB and West Kalimantan).
7.1.4	SITT phase 2 implementation monitoring	KNCV	2.298	100%	Sep	2013	This activity is behind the schedule as the pilot of SITT phase 2 had just been implemented by NTP in mid of September 2013. Activity carried forward to APA4.

7.1.5	Evaluation of SITT phase 2 implementation	FHI360	31.148	100%	Sep	2013	<p>During this quarter, evaluation software was done by data entry at all features and modules at SITT 2. Each item registered as scrum-board, so that progress can be monitored by all team leaders. Software was improved at items reported by TBCARE 1 & NTP tester. This activity continued with evaluation of SITT 2 from users through questionnaire to selected provinces & districts (NTT, Banten, West Kalimantan, NTB, Papua, Bogor District, & Anambas District) during the training of SITT 2 in this quarter, that have been collected by SITT 2 Master Trainer. The questionnaire was measure the user's perspective using scale 1 to 4 (1: bad, need to improve, 4: very good) on 3 main areas: (1) features in SITT 2 are suitable with user's need , (2) level error in this software, and (3) easiness operation of SITT 2.</p> <p>The result was:</p> <ul style="list-style-type: none"> - Participants put an average 3 out of 4 about the feature on SITT 2. It needs some minor fixes in some features in SITT 2. - Participants put an average 3 out of 4 about the errors/bugs in the SITT 2 software. Though participants found some errors/bugs, they though it is not too many. - User put average 3 out of 4 about easiness of SITT 2 operation. <p>The results will be used to improve the software during the maintenance period. TB CARE 1 also provided technical assistant to NTP to conduct evaluation of data connectivity at data and information center at MOH (Known as Pusdatin).</p>
7.1.6	SITT manual update	FHI360	10.128	100%	Sep	2013	<p>During this Q, manual is being updated to follow changes at software. This updated version softcopy is being distributed to 33 provinces during National TB Monev meeting in July 2013. One province and two districts has given printed version during the SITT 2 training, such as NTT province, Kabupaten Bogor - West Java Province, and Kab Kepulauan Anambas - Kepri Province. SITT 2 now is already had its final form of user manual. Vendor for printing and distributing this manual is selected by bidding at Jakarta.</p>
7.1.7	Technical assistance for Pusdatin and NTP regarding information system integration (SITT and SIKDA)	KNCV	47.915	100%	Sep	2013	<p>NTP decided to cancel the mission of Nico Kalisvaart. NTP is planning to work with MSH consultant Navindra Persaud to revise the existing M&E plan with TB CARE I core project budget</p>
7.1.8	Development of plan for integration of SITT into SIKDA in coordination with Pusdatin and related stakeholders	KNCV	1.616	100%	Feb	2013	<p>This activity has been cancelled as related to acitivity no 7.1.7</p>
7.1.9	Site visit by TB CARE I M&E Officers to ensure the implementation of TB CARE I planned activities	KNCV	6.981	100%	Sep	2013	<p>This activity originally scheduled to start January 2013. Due to other agenda, this activity was delayed to the end of APA 3. Visits been made to 4 provinces (DIY, East Java, DKI Jakarta, and West Java).</p>

7.1.10	TB CARE I participation in bi-annual national and TB CARE I M&E meeting	KNCV	98.553	100%	Jul	2013	TB CARE I actively participated in National TB M&E Meetings, January 2013 in Yogyakarta and July 2013 in Nusa Dua. Support and technical assistance on various aspect of the programs such as data validation and evaluation, national and provincial GF SSF activity reprogramming, and provincial health facility data cleaning and compilation.
7.1.11	Local TA to support GF-NTP activities in central, provincial and district levels	KNCV	80.949	100%	Sep	2013	On going day to day activities to support GF NTP activities at central and provincial level. TBCARE participated in the DR sentinel surveillance supervision in Bali on June 3-6, 2013. Supervision was done in 7 sites including Sanglah hospital as the PMDT site, 1 local hospital and 5 health centers. In general, the implementation is on track however the coordination between health centers and Sanglah hospital as the service center and referral lab needs to be strengthened. The Sanglah and BBLK Surabaya in East Java as the DST lab needs more coordination as well to eliminate the gap of lab result sent. On 27-28 Sept 2013, TBCARE assisted NTP in developing draft SOP and supervision tool for DR sentinel surveillance in Depok, West Java.
7.1.12	TB CARE I Indonesia fact sheet development	KNCV	1.080	100%	Jun	2013	Fact sheet is finalized and will be printed in APA4.
7.1.13	Support NTP to validate data in selected provinces	WHO	6.599	100%	Sep	2013	WHO consultant provide TA on provincial data validation during National TB Monev meeting: Yogyakarta (Jan 13) and Bali (July 13).
7.1.14	TA to assure TB CARE supported sites (prisons and health facilities) produce a quality TB/HIV data	FHI360	41.409	100%	Sep	2013	North Sumatera : Giving TA to Adam Malik Hospital regarding TB-HIV data and indicators for Q1 & Q2 2013. DKI Jakarta : Facilitating RR workshop for 10 health care staffs (1M, 9F) from Pengayoman Hospital, PPTI Baladewa Clinic and Cipinang Detention Center in recording for HIV care, especially in data of TB-HIV. Provide technical assistance to Kanwil Hukham on the monitoring and evaluation of TB program including data validation. The result was collected and ready to report to Health office in District Level, and Ditjenpas. Central Java : With Health office in provincial and district, provide technical assistant and facilitating on TB-HIV Data Validation to RSUD Cilacap, RSUD Moewardi, BBKPM Surakarta. In this quarter, provide TA to Provincial Health office during TB/HIV monev meeting at Semarang. The result was a clearer of mechanism reporting between health facilities and District health office, and update of TB/HIV reporting to new staff in Cilacap District Health Office. Follow up needed to improve the feedback mechanism. East Java : Facilitating and give TA/mentoring regarding TB-HIV RR and indicators to DHO Gresik, Ibnu Sina Hospital, Aloon-aloon Gresik PHC, Putat Jaya PHC-Surabaya, Sutomo Hospital-Surabaya, Mojokerto DHO; Facilitating TB-HIV Data Validation & Monev
7.1.15	Supporting TB/HIV surveillance.	FHI360	64.114	100%	Aug	2013	Discussions regarding the roll out of TB/HIV sentinel survey were held with NTP and NAP. TB CARE will support preparation workshop and training in some provinces. Workshop/training was postponed to next quarter due to conflicting agenda of NTP. In this quarter, NTP and NAP change their plan on TB/HIV surveillance based on the input from consultant team from NTP. NTP and NAP agreed to have a survey for TB/HIV instead of sentinel. FHI 360 can not support to provide the technical assistant for TB/HIV survey due to limitation of resources and time for implementation. FHI 360 through TB CARE I project will focus to improve the recording of the TB/HIV implementation in facilities level.
7.1.16	Regular supervision from joint team (TB CARE partners and NTP) to survey sites	WHO	7.015	100%	Sep	2013	The NTPS officially started at 14 April 2013. The regular supervision will be conducted quarterly after the start. First supervision were conducted at the first clusters (Bogor) together with Dr Ikushi's visit in July 2013. So far 38 clusters had been completed their field works with close supervision from WHO staffs, both for data collection process in the field and NIHRD. Supervisory activity also conducted in laboratory, as a result a new SOPs for lab works have been developed with inputs from lab experts/consultants (RL and SM).
7.1.17	TA to monitor TB prevalence survey	FHI360		Cancelled	May	2013	This activity was not approved by the Mission.

7.1.18	Data management for prevalence survey	WHO	16.950	100%	Sep	2013	The survey officially started in April 2013. WHO consultant has provided technical assistance to prepare the data management system, including provide assistance for preparation of the IT systems. The designated full time data management staff for NTPS joined in May 2013. The deliverables have been achieved so far: IT system for lab purposes, IT system for chest X-ray data flows from field to the central level readers.
7.1.19	External TA on prevalence survey for data analysis, writing the results and publication	WHO	64.274	100%	Sep	2013	TA from Dr Ikushi (8-19 Nov 12) and dr. Babis (19-26 Nov 12). Main recommendations: 1. Employ a full-time data manager exclusively for the purposes of the survey who will be responsible for the day-to-day activities. There will be 7 labs and 6 teams sending data and data forms to NIHRD during the survey. 2. Develop data management SOPs, based on the table of contents provided. Clearly lay out roles and responsibilities of all team members who handle data and forms, as well as detailed timelines and scheduling of all related activities. 3. A list of all 156 sampled clusters, along with information on geographical location, field team and assigned laboratory should be added as an appendix to the survey protocol. Dr. Ikushi and Dr. Babis will monitor and provide remote assistant during the survey simulation (July 2013) and will visit the country again in Mid October 2013 periods for supervisory and TA purposes.
7.1.20	Consensus meeting for finalization of prevalence survey results.	WHO	20.142	Cancelled	Sep	2013	Cancelled. After NPS field work and data analysis are completed
7.1.21	Publication and distribution of Prevalence survey result	WHO	7.992	Cancelled	Sep	2013	Cancelled. After NPS field work and data analysis are completed
7.1.22	Further data analysis, interpolating the prevalence survey result with Riskesdas result to get more precise data for provincial/district	WHO	11.142	Cancelled	Sep	2013	Cancelled. After NPS field work and data analysis are completed
7.1.23	Support JEMM in 2013	WHO	99.598	100%	Feb	2013	The JEMM was undertaken from 11-22 February 2013. The mission team consisted of 21 international experts joined with 44 experts from country Stop TB partners. The mission took account of progress made by NTP on previous JEMM recommendations, implementation of NTSP and findings during field visits (DKI, Babel, East Java, North Sulawesi and Maluku). The review team noted several major achievements, challenges and developed some major recommendation. The JEMM report were referred by NTP and GF as a basic document for Grant renewal proposal development.
7.1.24	Inter government agencies monitoring and evaluation of KNCV program	KNCV	11.873	100%	Jul	2013	Activity ongoing, carried forward to APA4.
7.1.25	Publication of NTP annual performance report and dissemination	WHO	12.021	Cancelled	Jul	2013	Only TA is requested, NTP with technical supports from TB CARE partners has developed annual report and disseminated to the provinces and other stakeholders through MoH channels and NTPs websites.
7.1.26	Translation and transportation support during JEMM 2013 implementation	KNCV	6.308	100%	Mar	2013	TB CARE I contributed to successful Joint External Monitoring Mission (JEMM) including for interpreting and transportation. The team consisted of 21 international experts, 44 experts from the country STOP TB partners, non-governmental organizations, and NTP. The report has been finalized in March 2013 and the recommendations of the report were the basis for the development of the request for renewal of the Global Fund Single Stream Funding (GF SSF).

Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2.1	Improving TB related data management and M&E related capacity of TB CARE M&E staffs at provincial level	KNCV	10.168	100%	Jul	2013	Capacity building for M&E team members was conducted in 25-27 March 2013 in Jakarta and 1-2 July 2013 in Nusa Dua. Topics addressed include developing better project report, standards and benchmarks, revised definitions and reporting framework, RDQA. At the meeting, strategies for better M&E in APA3 were also discussed and agreed. Next meeting will take place July 2013. An M&E officers (male) was trained for TB R&R at NTP's TB programmer training in July 2013 for 3 weeks in West Java. In July 2013, all 6 KNCV M&E team members were trained for data analysis using STATA for 2 days in Nusa Dua. The latest capacity building was conducted in September 2013, in Bogor, with main topic TB-HIV recording and reporting.
7.2.2	National ToT for MIFA Training	WHO	45.571	100%	Dec	2012	The training was conducted 16-22 December at Wisma Hijau, Depok. 29 participants (18 females & 11 males) and 4 facilitators (3 males & 1 females) were joined with this ToT. Participants came from NTP ME team, BPSDM, National TB master trainers, Provincial Wasors (East Java, Yogyakarta, DKI, Riau island, Central Kalimantan, NTB, NTT, North Maluku, North Sumatera) and epidemiologist from PAEI (Indonesian Epidemiologist Association). Objective: Participants are able to facilitate the next MIFA training at provincial level. Results: 21 facilitators for MIFA are available. Next steps: Further training for MIFA training will be funded by GF, NTP has included the MIFA training at provincial level in the GF reprogramming activities. The provincial training will be started after GF reprogramming approved.

7.2.3	Preparing Data Management Team (DMT) for further improvement of SITT	KNCV	7.210	Cancelled	Jul	2013	This activity has been cancelled by NTP as the result of activity 7.1.7
7.2.4	Training on data management to wasors and provincial data and information staff	KNCV	32.731	Cancelled	Jun	2013	This activity has been cancelled by NTP as the result of activity 7.1.7
7.2.5	TA for Sentinel surveillance data analysis and reporting	WHO	11.142	Cancelled	Sep	2013	Still on discussion with NTP and dr Matteo Zignol to decide the timeline. The original plan to bring the consultant have been changed several times due to availability issues. However intense communication and remote TA has provided by dr Matteo for sentinel data analysis. WHO country staffs also provide regular assistance to NTP surveillance team and also involved in supervisory activities in 6 provinces implementing DR TB sentinel survey.
7.2.6	Workshop to expand the MDR TB Sentinel Surveillance in line with the PMDT expansion.	WHO	7.722	100%	Sep	2013	Workshop held in Depok from 26 to 28 September, where sentinel data from 2012 survey have been evaluated. Workshop attended by 22 participants from NTP, PHO, lab and TB CARE partners. Result of the workshop: Update supervision tools for DR TB sentinel survey and review of existing sentinel SOPs.
7.2.7	Technical assistance from WHO Country Office	WHO	20.385	100%	Sep	2013	TAs have been provided for training eTB Manager in Medan (8-10 Dec '12), training for lab involved in prevalence survey at Adam Malik Lab Hospital (25-27 Mar '13), training for prevalence survey field team (18-21 Mar '13), field test NTPS (Bekasi, 25-28 Mar '13), evaluating the implementation of the pilot MDR TB sentinel surveillance (Jombang and Mojokerto Malang, 22-25 Oct '12), DR TB Sentinel Surveillance Monitoring & Evaluation, assisting Dr Matteo Zignol in DR TB Sentinel Surveillance expansion, the finalization of preliminary report of East Java DRS Survey.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3.1	Support coordination meeting for TORG to oversee the completion of the research and implementation of OR work plan	KNCV	16.840	100%	Sep	2013	Pleno meeting was conducted in 25 July 2013 participated by TORG members with main agenda to review draft of SOP for "call for proposal" and implementation of batch 9. This meeting was very productive and resulted several outputs as follow: - reviewed & revised SOP/Call for Proposal that will be used for SOP in implementing OR in GF SSF 2; - agreed on implementation of OR Batch 9 and TORG activities in Sept 2013 (including agenda for 1st supervisory visit for OR Batch 9 , workshop for policy brief and dissemination meeting).
7.3.2	Support participation of NTP in international TB conferences	KNCV	43.069	100%	Sep	2013	There is no activity for participation in International conference this quarter. However, TB CARE I supported registration fee for 6 participants (3 males, 3 females) to attend Union Conference in Paris.
7.3.3	International TA to introduce a competitive system for quality research	KNCV	40.671	100%	Sep	2013	In this quarter, Edine T has provided TA in September 2013. several activities has been held, i.e. (i) assisted the TORG's facilitators in facilitating Policy Brief workshop and dissemination meeting for OR batch 7-8, (ii) conducted supervisory visit to Riau and Malut to ensure the OR implementation for Batch 9.
7.3.4	Call for two proposals for priority topics based on NTP priority 2 proposal through merit review (1 :Sentinel survey to asses patient and provider delay)	KNCV	1.276	100%	Jul	2013	Call for proposal will be handed over to GF SSF 2 budget. TB CARE I has provided draft of SOP for call for proposal, and this draft has been reviewed and revised during TORG meeting (see 7.3.1).

7.3.5	Workshop for analysis the result of Operational Research conducted by Batch 7, 8 & 9	KNCV	21.429	100%	Mar	2013	Workshop held in Bogor from 26 February to 7 March, followed by 4 groups of batch 8 (10 males, 17 females). From this workshop, it is known that research on ACSM and TB MDR will finish their report May at the latest, while research on TB HIV will finish by June and research TB childhood will needs more extension until October 2013.
7.3.6	Supervisory visits to ensure the OR implementation by batch 7, 8 & 9	KNCV	11.041	100%	Sep	2013	1st supervisory visits were conducted in 4 Provinces of batch 9 (West Kalimantan, Central Sulawesi, Riau and North Maluku). This supervisory visits were held in September 2013.
7.3.7	OR result dissemination of batch 7, 8 & 9	KNCV	10.940	100%	Sep	2013	Dissemination meeting was conducted in Sept 2013 for Batch 7-8. Three out of 4 OR within these batches have finalized their research (ACSM,TB-MDR and TB-HIV). TB in childhood will be finalized in October 2013. This dissemination meeting also merged with workshop of policy brief to equip OR team of batch 7-8 with capacity to translate their result from OR into policy brief.
7.3.8	Implementation of Operational Research proposed by batch 9	KNCV	136.387	100%	Sep	2013	Proposal for Batch 9 have been done and 1st installment has been disbursed to 4 Provinces. 1st supervision has been conducted in September 2013. These activities will be carried over and completed in APA 4.
				100%			

8. Drug supply and management		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
8.1.1	Develop, agree and document, national strategy; also, implementation plan	MSH	84.952	85%	Jun	2013	Dr Smine provided consultancy on provincial and district QA up to Feb 2013; final strategy draft ready, Feb 2013. Translation completed. Follow-on QA work incorporated into ongoing development of a national drug strategy. Document was finalized and approved by the NTP. But by the end of APA3, the printing was not yet done. No budget for printing both in TB CARE I APA4, but further discussion will take place with the NTP to continue with this activity.
8.1.2	Identify, review, consult, agree and update all existing guidelines, SOP and training modules. Design ToT curriculum and conduct the training for NTP central level staff and partners	KNCV	23.437	100%	Jun	2013	Logistic Guideline on TB has been finalized on Q2 and the related SOP was expected to be revised accordingly, however due to other NTP's priority agenda, the revision on SOP was postponed and will be conducted in APA 4. For logistic training module, revision has been conducted for module on logistic for PMDT (SLD and other logistic such as cartridges and respirators).
8.1.3	Printing and distribution Guideline, SOP to all provinces and districts	KNCV	15.318	100%	Sept	2013	Revision of Logistic Guideline has been finalized and in the printing process and ready for distribution. The distribution will be conducted in November 2013 (APA 4) to all district health offices (DHO).
8.1.4	Technical Assistance from WHO Country Office	WHO	2.039	100%	Sep	2013	TA has been provided during finalization/update of national guidelines for logistic and drug management and will continue until end of period. However, several request from NTP to provide TA during logistic training to the provinces could not be fulfilled because of overlapping schedule with other priority activities.

8.1.5	Training logistics about new guidelines and SOP for SLD	KNCV	31.050	100%	Sept	2013	On the job training was conducted in North Sumatra (10-12 October 2012, participated by pharmacists from Adam Malik Hospital, PHO and Medan DHO, 2 males, 11 females), South Sulawesi (5-7 November 2012, participated by pharmacists from Labuang Baji Hospital, PHO and Medan DHO, 7 males, 6 females). Central Sulawesi (25-26 July 2013, participated by pharmacist from Undata Hospital, PHO and Palu DHO, 12 females, 5 males). Papua province (27-28 Aug 2013, participated pharmacist by Dok II Hospital, PHO and Jayapura DHO, 24 females, 4 males. West Sumatra (11-12 Sept 2013, participated by pharmacist from Achmad Muchtar Hospital, PHO and Bukit Tinggi DHO, 15 females, 4 males). The purpose of this activity was to give knowledge on managing second line TB drug: recording and reporting system warehousing, drug dispensation to patient and drug order mechanism. Methods used were andragogy learning with presentation, exercises and discussion. Training for next sites are waiting for PMDT expansion.
8.1.6	Procurement of refrigerator and drug patient box.	KNCV	10.850	100%	July	2013	Refrigerator, AC and patient box has been procured for Adam Malik, Soetomo, Persahabatan, Labuang Baji, Saiful Anwar, Hasan Sadikin, Sardjito, and Moewardi Hospital in Q2. The procurement was done to cover 6-9 months need in the hospitals. Additional procurement at the end of Sept for Doc II in Papua and Achmad Moechtar hospitals in West Sumatra.

8.1.7	Assess and document issues arising, plus related systems development plans. Develop performance improvement action plan; agree & implement	MSH	12.285	90%	Sep	2013	Field information-gathering on performance ongoing during TB CARE provincial drug management assessment. Final report and recommendations arising from TB CARE provinces completed May 2013. Systems findings informed the PSM planning for APA4 including recommendations for improved capacity-building for the new SITT system and the better leveraging of e-catalogue for improved logistics.
8.1.8	Actively participate in People that Deliver initiative addressing cross-cutting issues	MSH	13.604	100%	Sep	2013	Active participation in all integrated initiatives including notably the TBCARE provincial assessments, SCM coordination meetings, drug strategy development, logistics network, QA and HSS district logistics pilot. Deliverables include meeting records, field visit report & recommendations, draft drug strategy paper and workshop evaluation.
8.1.9	Support for ToT	KNCV	8.263	100%	Sep	2013	This activity is based on NTP request. In Q1, TB CARE I provided TA as facilitator for logistic ToT at West Papua. This activity was conducted on 3-10 November 2012, participated by District TB program staffs and Installation Pharmacy Staffs (3 males, 12 females). There is no additional request from NTP for his activity. This quarter, TA provided was for logistics part of GF SSF phase finalization.
8.1.10	In collaboration with WHO, JSI, Clinton Foundation to organize three meetings (part-funding) involving provincial logistics personnel to assess TB storage at provincial level and implement a performance improvement program at the TB CARE supported provinces	MSH	48.441	100%	Sep	2013	PtD meeting cancelled in January 2013 but subsequent meetings conducted April & July 2013, the first of which included one day focusing on TB. MSH also supported the participation of representatives from each of the TBCARE provinces to attend an emergency session in April 2013, organized to address pressing PUDR PSM issues. Also, joint assessment of TB drug management at each of the TBCARE provinces conducted in tandem with the JSI/BINFAR warehouse assessment. Findings informed the work planning for APA4. Deliverables include the meeting reports and evaluation and the field visit report and recommendations.
8.1.11	Assess long-term options for TB drugs storage and make appropriate recommendations to the NTP	MSH	4.560	100%	Jul	2013	Storage strategizing addressed, in part, in the JEMM (Feb 2013) PSM report and GF renewal proposal (April 2013). Next stages, review in light of progress on the JSI central level refurbishment plan and agree revised strategy for TB drugs, particularly SLD, following the expiry of the current third-party lease in July 2013. Ongoing integrated drug strategy development will, in part, continue to address. Draft strategy paper currently under preparation. Activity carried over to APA4.
				98%			

5. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	MSH	8.1.1	Abdelkarim Smine	To support the quality assurance of TB medicines in Indonesia	8 - 19 Oct 2012	Completed	8 - 19 Oct 2012	
2	MSH	6.1.3	David Collins	Attendance at Beijing conference, work on TB financing roadmap and meetings with Global Fund team in Jakarta	27 Oct - 13 Nov 2012	Completed	27 Oct - 13 Nov 2012	
3	KNCV	2.2.8	Sanne Van Kampen	Provide support to the TORG with GeneXpert data collection, analysis and reporting, and agree on next steps in GeneXpert roll-out	22 Oct - 10 Nov 2012	Completed	22 Oct - 10 Nov 2012	
4	KNCV	S&O	Inge Sasburg	Will concentrate and give attention to capacity building of local financial staff. This is will based on the result from internal audit and open topics on current reporting to the Head Office. In this opportunity as well, Inge Sasburg will	31 Oct - 2 Nov 2012	Completed	31 Oct - 2 Nov 2012	
5	KNCV	S&O	Maarten Van Cleeff (KNCV/PMU) and Joke Langbroek (KNCV) and	Report advising on next steps for improved structure to secure better implementation of TB CARE	5 - 10 Nov 2012	Completed	5 - 10 Nov 2012	
6	KNCV	S&O	Dr. Jan Voskens	1. Provide input USAID/KNCV in reviewing TB CARE implementation in Indonesia 2. Participate in the PDPI/ATS meeting to expand PPM 3. Participate in preparation for GF pre-assessment for grant renewal SSF 4. Participate in the PPM toolkit in Kuala Lumpur 5. Participate in The Union Conference, Kuala Lumpur 6. Participate in the preparation meeting	3 - 9 Nov 2012	Completed	3 - 9 Nov 2012	
7	WHO	7.1.19	Dr. Ikushi Onozaki	Initiation of national prevalence survey 2013	8 - 19 Nov 2012	Completed	8 - 14 Nov 2012	Mission period is shortened
8	WHO	6.2.2	Karin Bergstorm	The final document of the PMDT OJT for satellite health services	19 - 30 Nov 2012	Completed	19 - 30 Nov 2012	
9	WHO	7.1.19	Charalampos Sismanidis	Initiation of national prevalence survey 2013	18 - 27 Nov 2012	Completed	18 - 27 Nov 2012	
10	KNCV	S&O	Dr. Jan Voskens	1. Assist NTP in capacity building through implementation of phase 2 of the 6th Advanced Course for DOTS Expansion 2. Assist UGM in implementation core project for scaling up TB Control in the prison system 3. Assist NTP in any issues arising regarding implementation of GFATM SSF 4. Assist in data analysis for hospital DOTS linkage covering the period of 2006 - 2011 as input for SSF phase 2 grant negotiation and publication	29 Nov - 18 Dec 2012	Completed	29 Nov - 18 Dec 2012	
11	MSH	4.1.40, 4.1.41	Luiz Reiolino	Provide TA to the e-TBM implementation process at all levels central (NTP) and health unit levels and provide technical support for second line drug	17 - 21 Dec 2012	Completed	17 - 21 Dec 2012	
12	MSH	6.1.4	David Collins	Update TB exit strategy road map and produce an outline of drugs financing	7 - 27 Jan 2012	Completed	27 Jan 2013	
13	KNCV	S&O	Jan Voskens	1. In collaborating with UGM assist CCM for development of the proposal request for SSF phase 2 grant renewal 2. Assist NTP in the process of updating the current National Strategic Plan for period 2014 - 2016 3. Assist NTP in providing required documents for the proposal of SSF phase 2 4. Assist NTP in preparation and implementation of JEMM in february	11 Jan - 24 Mar 2013	Completed	24 Mar 2013	

14	JATA	2.1.1, 2.1.2, 2.1.3, 2.1.4	Akira Shimouchi	discussion overall implementation plan of APA 3	13 - 19 Jan 2013	Completed	19 Jan 2013	
15	KNCV	S&O	Piet Van Ommersen	1. Develop/finalize the organogram for TB CARE team with the team and get internalized 2. Establish operations of work, in relations with other, rules of engagement between USAID, NTP and partners, also TB CARE Indonesia manual 3. Define roles and responsibilities internally in KNCV Indonesia	23 Jan - 6 Mar 2013	Completed	6 Mar 2013	
16	MSH	8.1.1	Abdelkarim Smine	Produce a set of standard operating procedures addressing TB quality assurance at all levels in Indonesia, also produce a report detailing the progress of the TB quality assurance activities	3 - 8 Feb 2013	Completed	8 Feb 2013	
17	The Union	6.2.8	Indu Rao & Viswanath Gopalakrishnan	Mentoring the mentor course, as continuation of advanced TOT	24 - 29 Feb 2013	Completed	29 Feb 2013	
18	KNCV	S&O	Fenneke Pak	Finalise APA 3 workplan in line with approved narrative and support the TB CARE I project where necessary	9 - 28 Feb 2013	Completed	28 Feb 2013	
19	ATS	1.2.36	Philip Hopewell, Fran Du Melle, Baby Djoionegoro	1. Monitoring and evaluation ATS PDPI PPM Project within TB CARE I 2. PIPKRA Annual Conference 3. JFMM 2013	5 - 19 Feb 2013	Completed	19 Feb 2013	
20	KNCV	S&O	Peter Gondrie	Follow up mission done by KNCV/PMU/USAID Washington/USAID	17 - 23 Feb 2013	Completed	23 Feb 2013	
21	KNCV	2.2.6	Richard Lumb	Provide technical assistance on strengthening of the TB laboratory network and quality assurance in relation to implementation of the TB CARE I work plan	25 Feb - 15 Mar 2013	Completed	15 Mar 2013	
22	KNCV	2.2.8	Sanne Van Kampen	1. Support collection & Analysis of evidence on impact of Xpert MTB/RIF 2. Support supervision of newly installed Xpert MTB/RIF devices 3. Build capacity of KNCV office staff to supervise Xpert MTB/RIF roll-out	18 Mar - 6 Apr 2013	Completed	6 April 2013	
23	MSH	6.1.4	David Collins	1. Review, modify and update the TB services costing model and the TB economic burden model 2. Review and prepare report for OR conducted by the MSH Indonesia team on the financing of TB services through Universal Health Services (UHC) 3. Help prepare, organise and lead an international workshop on financing ATM services under Universal Health Coverage under the Director General for Communicable Disease Control	1 - 26 Apr 2013	Completed	26 April 2013	
24	KNCV	HQ	Gerdy Schippers	1. Support interim management of KNCV office (Jhon Sugiharto) in view of the newly appointed Country Director starting 15th April (Jan Voskens) and long term absence Deputy Director (Linda north) 2. Building on the situational reports and recommendations of Joke Langbroeks's/Maarten Van Cleef's mission in Nov 2012 and Piet Ommerson's assignment in 2013 3. Give guidance to the introductory period of the new country Director, setting the stage for a smooth transition from a position as senior consultant to the management position 4. Inform USAID Jakarta and NTP in briefing and debriefing session about the state of art of the above	4 - 18 April 2013	Completed	18 April 2013	

25	KNCV	HQ	Lucian Roeters	1. Discuss relevant financial issues and developments with internal finance and admin staff 2. Review current accounting 3. Check internal financial control procedures/internal audit based on confrontation with the Field Office Manual (finance)	9 - 11 April 2013	Cancelled	11 April 2013	
26	KNCV	2.2.6	Richard Lumb	1. Implementation of TB CARE activities (strengthening of TB lab and introducing Sandeep Meharwal, a lab consultant to lab key person 2. Monitoring progress of the forthcoming National Prevalence Survey 3. Monitoring progress in Microbiology UI 4. Monitoring progress in BBLK Surabaya 5. Review preparations for EXPAND-TB activities in Persahabatan Hospital	15 - 19 April 2013	Completed	19 April 2013	
27	MSH	4.1.40	Luiz Reciolino	1. Follow up on the TB/DR-TB surveillance issues. 2. Provide technical assistance to the e-TBM implementation process. 3. Provide technical support for 2nd line drug management issue.	5 - 11 May 2013	Completed	11 May 2013	
28	JATA	2.1.1, 2.1.2, 2.1.3, 2.1.4	Akihiro Ohkado & Mr. Kazuhiro Uchimura	Discussion overall implementation plan of APA 3 & Introduction of computerized system on EQA.	21 - 25 May 2013	Completed	25 May 2013	
29	KNCV	2.2.6	Richard Lumb	1. Implementation of TB CARE activities (strengthening of TB Lab). 2. Assessment to BLK Padang, BLK Samarinda, Microbiology UI and BLK Bandung for preparation of TB Lab renovation. 3. Intensive culture/DST training for BBLK Palembang and BLK Banjarmasin. 4. Assessment to M. Jamil Hospital in Padang and Sanglah Hospital in Bali to review culture/DST activities and needs to support PMDT expansion. 5. Monitoring progress of EQA East Java and National TB Prevalence survey.	3 - 26 June 2013	Completed	28 June 2013	Extend to be able to attend workshop planning APA4
30	MSH		Andy Barraclough	1. Participate in the preparation of joint JSI - MSH multi - year, logistics drug management strategic plan. 2. Design phase, together with NTP and other partners.	10 - 14 June 2013	Completed	14 June 2013	
31	MSH	6.1.5	David Collins	1. Completed TB Service Delivery Cost Tool and Indonesia model and report. 2. Completed TB Economic burden Tool and Indonesia and report. 3. Completed trip and OR study report	26 June - 21 July 2013	Completed	21 July 2013	
32	ATS		Baby Djojonegoro	1. Attend the APA 4 Planning Workshop (27-28 June 2013). 2. Attend the National TB Program Monitoring & Evaluation Meeting in Bali 2-6 July 2013. 3. Determine next steps for ATS technical assistance for PPM activities.	27 June - 8 July 2013	Completed	8 July 2013	
33	JATA		Dr. Kosuke Okada	Review the progress of the project by the JATA/TB CARE and discuss the 4 overall implementation plan of APA 4 proposed, with national staff and among the stakeholders including KNCV	29 July - 2 August 2013	Completed	2 August 2013	
34	WHO		Dr. Irwin Law	1. To review of the ongoing survey situation: field implementation, data management 2. Recommendations to improve data collection and data analysis process	19 - 31 August 2013	Completed	31 August 2013	
35	KNCV		Edine Tiemersma	1. Monitoring report of data collection process by 2-3 teams that participated in the 9th TB operational research training organized by TORG 2. Facilitation of a policy brief workshop for students of recent TB operational research trainings organized by TORG	7-21 September 2013	Completed	21 September 2013	

36	KNCV		Sanne Van Kampen	Assessment new Xpert sites, monitor the operation of newly installed sites, alaysis of evidence on impact of Xpert and lesson learnt from the 17 implementation labs, recommendations on Xpert use in HIV/TB and pediatric TB	8-28 September 2013	Completed	28 September 2013	
37	KNCV		Jacques Van Den Broek	1. To collect, validate and use strategic information on the diagnosis, treatment and drug management of drug-resistant in the sectors outside NTP network for surveillance and policy making purpose 2. To review the tools used, through interviews of discussion with key stakeholders	9-13 September 2013	Completed	13 September 2013	
38	KNCV - SA Pathology		Richard Lumb	1. Implementation of TB CARE I activities related to strengthening of TB lab 2. monitoring progress of EQA panel test at BBLK Jakarta, BBLK Surabaya, BLK Semarang 3. Intensive culture/DST training for BBLK Palembang and BLK Banjarmasin 4. Capacity building for BBLK Surabaya as National Reference Lab for culture DST how to conduct assesment, trianing prepare, conduct and report on EQA panel test for culture/DST 5. Monitoring progress of TB lab renovation at BBLk Surabya 6. Monitoring preparation of TB lab renovation under GF 7. Safety working practice training for TB lab technicians	9 September - 2 October 2013	Completed	2 October 2013	
39	MSH		David Collins	1. Effect the hand-over from Andy Marsden of duties to project and corporate office management 2. Prepare a TB financing Roadmap	12-26 September 2013	Completed	14 October 2013	Mission extended
40	KNCV		Katja Brenninkmeijer	Train management on how to conduct an appraisal and advice all HR issues (HR tools, development capacity building)	19-28 September 2013	Completed	28 September 2013	
41	MSH		Andy Barraclough	To assist the MOH and appointed national consultants in analyzing and presenting the collected data drawing conclusions for the development of the national medicines supply chain strategy	23 September - 4 October 2013	Completed	4 October 2013	
42	MSH		Luiz Fernando Reciolino	Follow up on the TB/DR-TB surveillance issues, provide technical assistance to the e-TBM implementation process at all levels (central - NTP) and (health unit levels) and provide technical support for system IT maintenance and long term sustainability at Indonesia - NTP	30 September - 6 October 2013	Completed	6 October 2013	
Total number of visits conducted (cumulative for fiscal year)						41		
Total number of visits planned in workplan						42		
Percent of planned international consultant visits conducted						98%		

Quarterly Photos, Charts and Other Materials



Dewi, 28 years, pre-XDR patient in Bandung, left by her husband because of her recurring disease. Her child was also infected. They both died



TB-HIV money meeting and data validation
Jayapura district
19-20 September 2013



Sputum Fixation done by health staff
Cibinong Prison



TB-HIV supervision
Jayapura District
19-22 September 2013



Annual Mass Screening
Gitung Cirebon Prison



SiTT assistance and consultation at national level
session on National TB money meeting
Bali, 2-7 July 2013



TB-HIV Training of Trainer
Bandung, West Java
25 August - 1 September 2013

Quarterly Report on Global Fund Engagement

Country	Indonesia			Period	July-September 2013
Current Global Fund TB Grants					
Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date	
SSF TB	A2	B1	\$ 71 m	\$ 38,1m	
Round 8 TB	A1	A1	\$ 72.3 m	\$ 10.5 m	
Round 8 TB	A1	A1	\$ 72.3 m	\$ 12.1 m	
Round 8 TB	A1	A2	\$ 72.3 m	\$ 10.8 m	
Round 5 TB	A2	B1	\$ 41.7 m	\$ 41.7 m	
Round 1 TB	n/a	n/a	\$ 51.8 m	\$ 51.8 m	

*Since January 2010

<p>In-country Global Fund status - key updates, challenges and bottlenecks</p> <p>Indonesia was awarded Phase 2 renewal funding of up to \$36.3 million for two TB grants: One under PR Ministry of Health (\$29.7 million) and one under PR Aisiyah (\$6.6 million). Consequently The Grant Approvals Committee (GAC) emphasized the need to scale up coverage of services for TB/HIV and multiple-drug-resistant TB (MDR-TB). It noted major concerns related to low absorption, and the need to balance rapid scale-up with strengthening financial management systems and program quality.</p> <p>TB CARE has successfully assisted PR in the Grant negotiations for Phase 2. All special terms & conditions and Conditions Precedent have adequately been addressed. However GF has urged PR MoH in the negotiations process to set more ambitious targets for the next phase, and has agreed to make additional funding available (7.4 Million US\$) to support increased targets for MDR-TB (adding around 2000 more MDR-TB treatment courses). The total MoH budget for phase 2 is now agreed at 56.3 Million US\$.</p> <p>The Grant Approval Committee acknowledged that partner organizations, including TBCARE, make significant investments in technical assistance to complement Global Fund resources. These include investments in improving MDR-TB program quality, and in strengthening financial management capacity by experts contracted under KNCV/TBCARE. If sufficient scale up is achieved and PR MoH demonstrates absorption capacity, Indonesia may apply for additional resources under the NFM.</p> <p>In September Mark Edington, the head of GF Grant Management Division joined the Country Team for site visits in Bandung (RSHS) focusing on PMDT and TB-HIV services. Grant signing for Phase 2 is expected for November 2013 and the next phase will take off in January 2014.</p>	<p>TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan</p> <p>TB CARE I fully supports the PR of MOH to meet the targets outlined in the GF performance framework and assists in solving the bottlenecks in program management to help improve the low rating of PR-MoH. Repeated low rating of PR MOH in Global Fund might ultimately result in serious budget cuts, leading to funding gaps and certainly jeopardizing the outcomes and impact of TB CARE I. To this end TBCARE1 in APA4 will assist to address major issues identified in Risk assessment and JEMM.</p> <p>Consequently the proposed interventions for the APA4 work plan are mainly based on the strategic directions provided by the SSF Phase 2 log frame, and directed at assisting the NTP in implementation of these approaches, in order to achieve the targets in all technical and geographic areas supported by TB CARE I.</p> <p>The proposed APA4 TB Care work plan is fully complementary to the GF SSF work plan: TB CARE will work to ensure that technical assistance is targeted at solving bottlenecks in implementation of the SSF Grant by the following interventions:</p> <ul style="list-style-type: none"> • Assist in enhancing TB case notification (to close the gap in unreached populations) and reach the targets for PMDT and TB-HIV (that recently have been increased substantially) • addressing the recommendations made by JEMM 2013 that have been translated into adjusted interventions and program strategies for Phase 2 • supporting NTP in implementing these adjusted strategies that are outlined in the logframe annexed to the approved GF phase 2 SSF work plan. • providing support to PRs at national, and SRs at sub-national level in monitoring and implementation of the SSF work plan, with focus on 10 TBCARE priority provinces, and, if needed, assist PRs in grant management and PSM issues (including storage upgrades, strengthened logistics management, and quality assurance of TB drugs). <p>TB CARE I will provide technical support to NTP to address major issues identified in Risk assessment by GF and JEMM 2013, related to increase case notification for closing the gap in unreached population, expansion of referral networks through PPM, preparation of new PMDT sites, roll out of Xpert and scale up of collaborative TB-HIV activities including IPT. TB CARE will also provide support to NTP to address managerial risks, financial management, PSM and condition precedents from GF (See section E)</p> <p>Consequently the proposed interventions for this APA4 work plan are mainly based on the strategic directions provided by the SSF Phase 2 log frame, and directed at assisting the NTP in implementation of these approaches, in order to achieve the targets in all technical and geographic areas supported by TBCARE.</p>
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